DOCUMENT RESUME

ED 247 685 EC 170 035

AUTHOR	Fifield, Marvin
TITLE	Psycho-Educational Assessment of Native American Students. A Manual of Inservice Training Activities and Resource Materials for School Personnel and School Psychologists. [Final Report].
INSTITUTION	Utah State Univ., Logan. Exceptional Child Center.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	Feb 83
GRANT	G008100322
NOTE	415p.; Parts of the document will not reproduce well. An accompanying document to EC 170 034.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*American Indians; *Disabilities; Elementary Secondary Education; *Inservice Teacher Education; Interdisciplinary Approach; Referral; *School Psychologists; Staff Development; *Student Evaluation; Student Placement; *Teacher Workshops

ABSTRACT

The volume presents agendas of two inservice training workshops for school personnel on student assessment and two seminars for psychologists, held in the summers of 1981 and 1982, on the topic of placement and Individualized Education Program (IEP) development for handicapped Native American children. This document was prepared to accompany a study of the extent to which psychoeducational testing reports were used in one Navajo district and on the obstacles affecting their use. The content of the inservice was based on strengths and weaknesses identified in the psychoeducational assessment process. The workshops focused on student assessment and included discussions of such topics as mainstreaming; provisions of P.L. 94-142, (the Education for All Handicapped Children Act); referral; multidisciplinary evaluation teams; P.L. 94-142 compliance review forms; and precision teaching. The seminars addressed such topics as psychoeducational testing report formats, review of assessment procedures, assessment instruments, report writing and staffing and evaluation referral information. For each of the workshops and seminars, information is presented on agenda and rationale for topic selection as well as examples, exercises, and resource material; in addition, evaluation reports are included for the workshops. Among appended material are a psychoeducational testing report format and report critique form, instructions for the teacher rating scale, and a guide to definitions of diagnostic categories and program considerations. (CL)

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Psycho-Educational Assessment of Native American Students

[redacted]

A Manual of Inservice Training Activities and Resource Materials

[redacted]

For School Personnel
and School Psychologists

[Final Report]

Submitted to:

U.S. Department of Education

Submitted by:

Marvin Fifield
Principal Investigator

Grant #U.S. Office of Education G0081-00322
CEDA 84.023E Assessment Research

February, 1983

EC/700035

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INTRODUCTION

This manual is prepared to accompany the final report of the project, "Improving the Utilization and Educational Relevance of Individual Psycho-Educational Assessment Reports in the Placement Of and IEP Development For Handicapped Native American Children" which was submitted February, 1983 to the U.S. Department of Education. Included in this volume are the agendas of the inservice training workshops and seminars conducted as Objective 2 of the grant along with activities and materials used.

Student Assessment Workshop

Participants: Fort Defiance School Personnel

Dates: Workshop 1 - August 11-14, 1981

Workshop 2 - August 11-12, 1982

Orientation and Training in Individual Assessment of Native American Children Seminar

Participants: Staff Psychologists of the Exceptional Child Center

Dates: Seminar 1 - August 27, 1981

Seminar 2 - August 28, 1982

The topics addressed in these workshops and seminars were derived from the baseline data collected in 1981 and again in 1982 which reflected the strengths and weaknesses in the psycho-educational assessment process of the Fort Defiance Agency. Specific topics were selected jointly through analysis of the data by the principal investigator and the Director of Special Education, Dr. Charles Deal, of the Fort Defiance Agency.

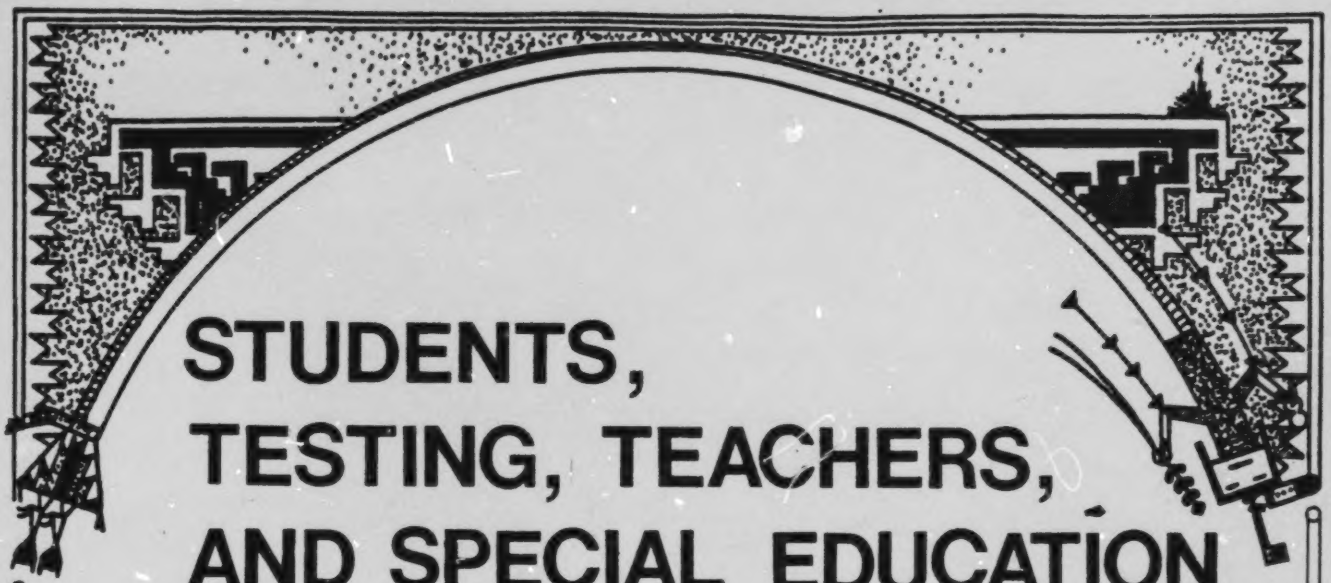
The agenda for the 1982 workshop and seminar contained many of the same topics presented in 1981; however, additional topics were added and the methods, exercises, etc. used in the presentation were altered to reflect the recommendations and findings of the previous workshop evaluations.

This manual contains the following: (a) a copy of each workshop and seminar agenda, (b) a forward which discusses why the topic was included along with the manner in which it was presented, and (c) examples, exercises, and resource material presented in the workshop or seminar.

A separate evaluation was undertaken for each of the student assessment workshops. The evaluation report is placed following the resource material. In addition, the evaluation report of the 1981 psycho-educational testing is included following the resource material of Seminar 1.

Workshop I

Students, Testing, Teachers, and Special Education



STUDENTS, TESTING, TEACHERS, AND SPECIAL EDUCATION

IN-SERVICE TRAINING WORKSHOP
AUGUST, 1981

Produced for:
FORT DEFIANCE OFFICE OF EDUCATION

Produced by:
EXCEPTIONAL CHILD CENTER
Dr. MARVIN FIFIELD, DIRECTOR
UTAH STATE UNIVERSITY

Cover Art: Wallace Begay

AGENDA

Day 1

8:30 Introduction . . . . Marvin Fifield

Videotape Presentation: An Introduction to P.L. 94-142. . .

Lunch. . . . .

Referring Students . . . . Voneta Fifield

Simultaneous Sessions. . . . .

Mainstreaming Strategies

Videotape Presentation
P.L. 94-142 and the
Classroom Teacher

4:30 Adjourn. . . . .

Day 2

8:30 Tests, Students, and Teachers. . . . . Marvin Fifield
David Bush

Report Resources . . . . Bryce Fifield

Lunch. . . . .

Use of Report in the IEP . . . . Cie Taylor

Demonstration of Tests and Materials . . . .

Raven's . . . . Marvin Fifield
Leiter . . . . Marvin Fifield
Hiskey-Nebraska . . Bryce Fifield
WISC-R . . . . David Bush
Woodcock-Johnson. . . Cie Taylor
Brigance. . . . . . . Charles Deal
Materials . . . . . . Voneta Fifield

Wrap-up . . . .

4:30 Adjourn . . . .

Student Assessment Workshop I

Fort Defiance Agency School Personnel

August 11-14, 1981

Topic 1 - Introduction to Public Law 94-142

Forward

This topic was included in the workshop to acquaint participants with their role and responsibility in complying with the provisions of Public Law 94-142, "Education For All Handicapped Children Act." An introduction to Public Law 94-142 was presented on a video-tape prepared by Utah State University. This video-tape addressed the different provisions of the law and provided examples and nonexamples of school activities undertaken to comply. The manual, "Mainstreaming: An Introduction to Public Law 94-142", was provided for each participant and contained exercises and resource material.

"Mainstreaming Strategies" was a subtopic addressed as a component of Topic 1 and included a demonstration and discussion of instructional materials and techniques that regular teachers could use to mainstream handicapped children to the regular classroom. Descriptive information, materials, and strategies demonstrated were sent to participants who requested such material.

"Public Law 94-142 and the Classroom Teacher" was an agenda item presented by a video-tape prepared by Utah State University. A series of discussion questions followed the video-tape presentation.

Note: Copies of the two referenced video-tapes can be obtained by contacting the Exceptional Child Center at Utah State University and requesting them by name, "An Introduction to Public Law 94-142" and "Public Law 94-142 and the Classroom Teacher."

MAINSTREAMING:

An Introduction To Public Law 94-142

STUDENT MANUAL

14

INTRODUCTION

HISTORY OF THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT

(P.L. 94-142)

Throughout the history of American Public Education, handicapped children have been excluded or separated from the public school system. For example:

1919 WISCONSIN SUPREME COURT

The state Supreme Court upheld the school's right to exclude a physically handicapped child because his presence was determined to have a "depressing and nauseating" effect upon other students and teachers.

Special Education classes did eventually evolve. They were usually self-contained and isolated.

1954 UNITED STATES SUPREME COURT

The Supreme Court declared that an educational opportunity "be made available to all on equal terms".

Even after this ruling, parents of handicapped children who were attempting to obtain educational services, found that their children were excluded from the classroom and a free, public education.

School districts typically had two major arguments as to why handicapped children were not being included.

a) It was contended that some of these special children were uneducable and untrainable.

b) It was felt that even if these children could be taught, it would cost too much money.

Finally through the efforts of parents and professionals, several famous court cases were won guaranteeing handicapped persons their full educational rights.

1972 PENNSYLVANIA ASSOCIATION FOR RETARDED CITIZENS VS THE COMMONWEALTH OF PENNSYLVANIA

The State Supreme Court declared that all mentally retarded children were capable of benefiting from training and ordered the state to provide a free educational program.

1972 MILLS VS DISTRICT OF COLUMBIA BOARD OF EDUCATION

The Supreme Court declared that denying a free public education to some, while providing it for others was a violation of due process and the right to equal protection under the constitution.

These and similar decisions in other states set the stage for federal legislation which would apply equally to all states.

1975 EDUCATION FOR ALL HANDICAPPED CHILDREN ACT (P.L. 94-142)

This law was enacted to assure that all handicapped children have available to them a free appropriate public education which:

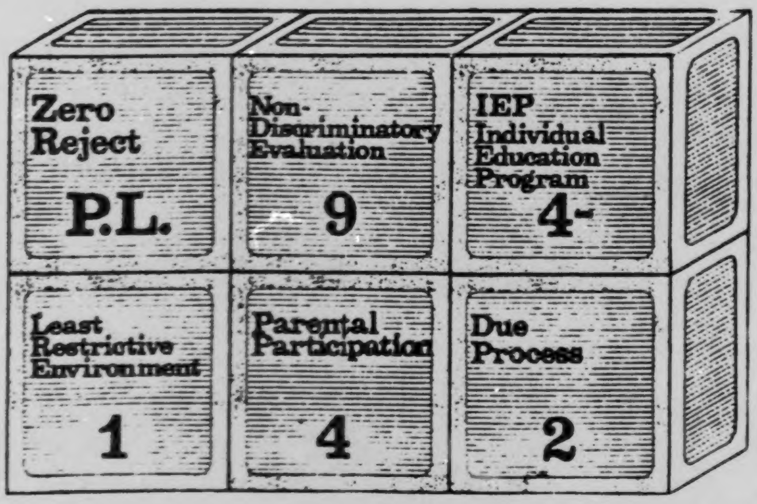
a) emphasizes special education and related services designed to meet their unique needs.

b) assures that the rights of handicapped children and their parents or guardians are protected.

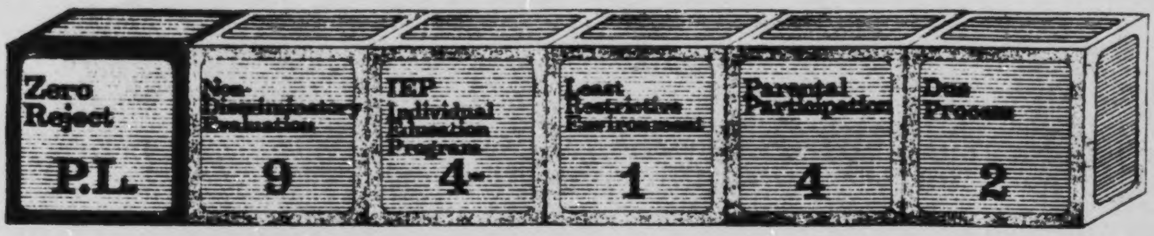
c) assists states and localities in these endeavors.

d) assess and assure the effectiveness of efforts to educate handicapped children.

Public Law 94-142 is best understood by looking at explanations and applications of the six major components used in it's construction.


Zero Reject
P.L.
Non-Discriminatory Evaluation
9
IEP Individual Education Program
4-
Least Restrictive Environment
1
Parental Participation
4
Due Process
2

These six principles provide the basic building blocks for the legislative definition of free appropriate public education.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ZERO REJECT

The first principle of P.L. 94-142 is ZERO REJECT. This requires that all handicapped children be provided with a free appropriate public education.

FREE APPROPRIATE PUBLIC EDUCATION

A free appropriate public education as defined by P.L. 94-142, refers to "Special Education and related services which:

a) have been provided at public expense under public supervision and direction and without charge.

b) meet the standards of the State Education Agency.

c) include an appropriate preschool, elementary, or secondary school education in the state involved.

d) are provided in conformity with the Individual Education Program." (Sec. 602 (18))

CHILD FIND

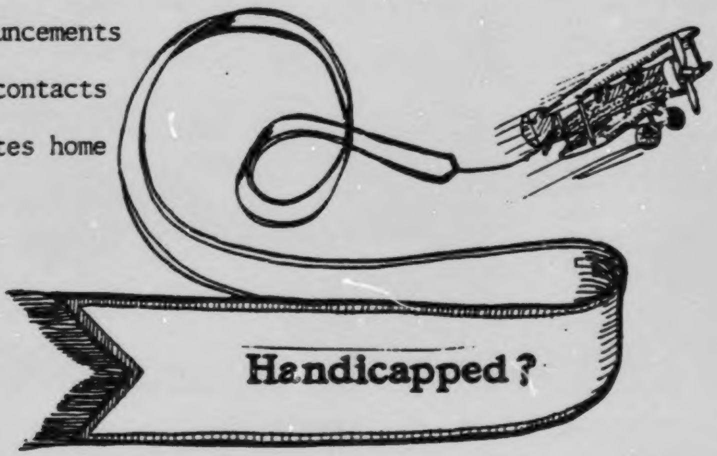
Child Find is a search process conducted by each school district to locate all handicapped children in the district ages 3-21, who may need special services, especially those currently unserved or under-served.

Possible ways of locating children:

a) radio announcements

b) telephone contacts

c) sending notes home


Handicapped?

EXCLUSION

No child can be excluded from a free appropriate public education due to:

a) Presence of handicap

A child must be provided with an appropriate education regardless of whether or not a handicapping condition exists.

A school district cannot refuse to accept a child simply because (s)he has a handicap. It is the responsibility of the Local Education Agency (LEA), to provide an education for all handicapped children in the district.

b) Type of handicap

A child must be provided with an appropriate education regardless of the type of handicapping condition.

The school district cannot refuse to assume the responsibility for providing an appropriate education for all children within their district, regardless of the type of handicap, whether it be a hearing, speech, physical, mental, visual, behavioral, or emotional handicap.

c) Severity of handicap

A child must be provided with an appropriate education regardless of the severity of the handicap, be it mild, moderate, or severe.

The school district cannot refuse the responsibility for providing an appropriate education because the child is too severely handicapped.

It is the school district's responsibility to provide a free appropriate public education to all children in the district regardless of the presence, type, or the severity of handicap. The district must assume the responsibility for evaluating and assessing each handicapped child's needs and developing a program to meet those needs. If no appropriate program can be provided within the district, an alternative program must be located.

Within the school's program, handicapped children cannot be excluded from:

a) Appropriate academic programs

A child must be provided with academic work which is suitable to his/her individual needs and level of performance, and not excluded from activities which are thought to be too difficult.

A handicapped child cannot be separated from the rest of his/her class to do easier unrelated work. For example, during a math lesson, the handicapped child should be given an appropriate math assignment rather than art work.

b) Recreational and non-academic activities

A handicapped child must be allowed to participate in recreational and non-academic activities within the curriculum. Appropriate arrangements or adaptations must be made to accommodate and include a handicapped child.

A handicapped child cannot be excluded from participation in activities such as group recess, regular lunch, or field trips.

c) Extra-curricular activities

Handicapped children must be provided the opportunity to participate in extra-curricular activities.

A child cannot be excluded from participating in activities such as choir, play productions, musical programs, sports, or other extra-curricular school activities on the basis of a handicap.

d) Transportation services

A handicapped child must be provided transportation to and from school, and among schools.

A handicapped child cannot be prohibited from travelling on regular school buses due to a handicap, unless the school furnishes specialized travel equipment.

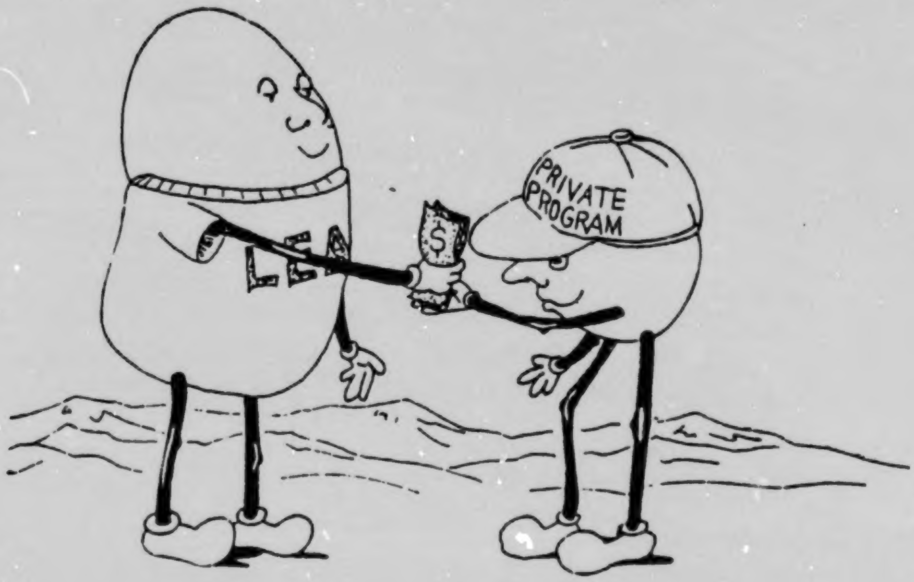
It is the school's responsibility to insure that a handicapped child is given the appropriate academic program. The child cannot be excluded from any recreational, non-academic, extra-curricular activities, or refused transportation services. Adaptations or special arrangements must be provided to accommodate the child with a handicap when necessary.

PRIVATE PROGRAMS

When the Local Education Agency (LEA), is unable to provide suitable education programs for a handicapped child, the agency may refer the child to a private program. When a private placement is made, the local and state education agency must insure the following:

a) the private program must meet the requirements of P.L. 94-142.

b) The financial obligation for the room, board, and educational expenses of the handicapped student must be assumed by the school district.



CONCLUSION

Handicapped students must be both admitted to school, and provided with an educational program which is based upon the results of a non-discriminatory evaluation.

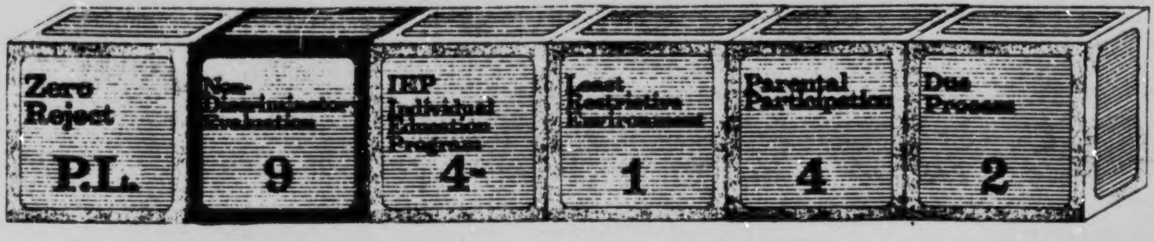
The principle of Zero Reject prevents a handicapped child from:

a) Total Exclusion

This occurs when a child is denied any educational services at all.

b) Functional Exclusion

This occurs when the services provided are inappropriate and irrelevant to the needs of the handicapped student.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NON-DISCRIMINATORY EVALUATION

Every handicapped child must receive a full INDIVIDUAL evaluation prior to placement in a special education program.

EVALUATION

Evaluation is defined by P.L. 94-142 as procedures used... "to determine whether a child is handicapped and the nature and extent of the special education and related services that the child needs. The term means procedures used selectively with an individual child and does not include basic tests administered to, or procedures used with all children in a school, grade, or class. Thus, evaluation is the beginning point in planning an individualized program for a handicapped student. Several criteria must be met for an evaluation to meet the standards regulating this principle." (Federal Register, 1977, p.42494)

EVALUATION STANDARDS

The following standards must be met when a child is evaluated:

a) Language

Tests and other evaluation materials must be provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so.

A test given in a language or mode of communication the child does not understand, is more likely to measure the child's ability to understand the language rather than actual knowledge of the subject content.

b) Validation

Any evaluation materials must be validated for the specific purpose for which they are to be utilized.

Each standardized test has been designed to evaluate a particular skill or cluster of skills. Under P.L. 94-142, all tests used in a handicapped child's evaluation must be designated by the producer as a valid measure of the skill to be evaluated.

c) Procedures

Each standardized evaluation must be administered by trained personnel in conformance with the directions provided by the producer.

Any standardized test used to evaluate an exceptional child for placement and programming must follow the specified procedures for the results to qualify as appropriate. For example, many IQ tests require special certification to administer and articulation tests require skills and knowledge most regular educators do not have.

d) Purpose

Tests and other evaluation materials used must include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient.

Each area in which the child may need special education and related service must be assessed with an instrument specifically designed to assess that skill area.

e) Intent

Tests must be selected and administered to best insure that when testing a child with impaired sensory, manual, or speaking skills, the results accurately reflect the child's aptitude, achievement level or whatever other factors the test purports to measure.

Tests or testing procedures which further handicap a child with a physical or sensory handicap do not produce a valid measure of the child's knowledge or academic skill. Unless the test is intended to test skill in the impaired area, e.g. speechreading skill of a hearing impaired child or fine motor skills of a physically handicapped child, tests should be selected which reflect the skills being tested rather than the impaired sense.

f) Multidisciplinarity

The evaluation must be made by a multidisciplinary team or group of persons representing all areas in which the child is being assessed.

The evaluation team can include a variety of professionals including at least one teacher or other specialist with knowledge in the area of suspected disability, e.g. a speech pathologist for a hearing impaired student.

g) Comprehensiveness

No single procedure is used as the sole criterion for determining an appropriate educational program for a child. A child must be evaluated by using an array of tests or procedures designed to assess all areas related to the suspected disability.

No one evaluation is sufficient. An IQ test or achievement test alone is insufficient to test all ability satisfactorily.

EVALUATION GUIDELINES

A child suspected of a handicap requiring special education services should be referred for evaluation. (See sample referral form in the Appendix p. 43)

Permission to evaluate must be obtained from a child's parents prior to initiating the individual evaluation. (See sample parent permission form in the Appendix p. 41)

In order to provide services to a handicapped child, the child must be classified under one of the handicapping conditions specified in P.L. 94-142. (See appendix p. 45) Each state in it's state plan describes criteria required for classification of a student. Each school or school district should have a copy of the state plan or guidelines for education of handicapped students which may include:

a) criteria for classification;

b) guidelines for types of assessments needed for each classification;

c) possible evaluation instruments.

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2

INDIVIDUAL EDUCATION PROGRAM

An individualized education program, (IEP), must be written before a child can receive special education services.

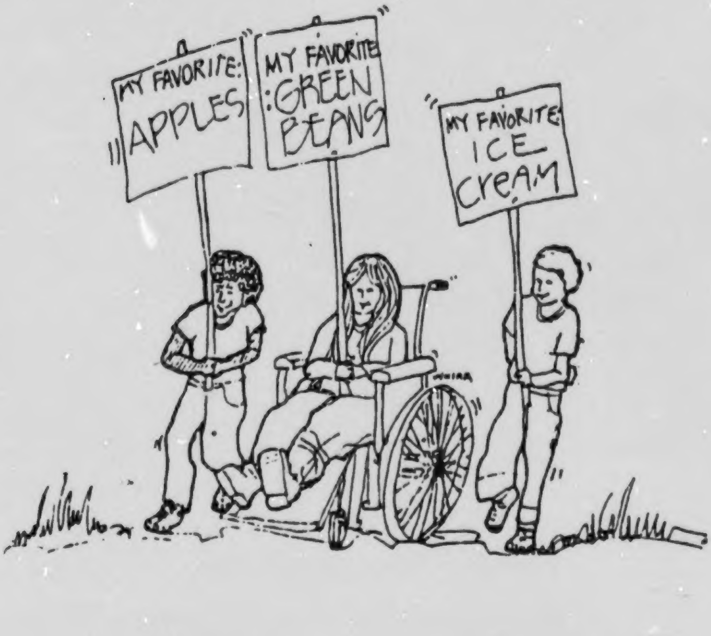
IEP COMPONENTS

The three components of the individual education program are:

a) Individual

In any given group of students, the educational needs of each child are different, particularly for a group of children who have been identified as handicapped. Any attempt to meet these needs must be individualized.

While it is obvious a child with a physical handicap will have different educational needs than a child with a learning disability, two children classified as learning disabled may also have different educational needs and require different programs.


MY FAVORITE: APPLES
MY FAVORITE: GREEN BEANS
MY FAVORITE: ICE CREAM

b) Education

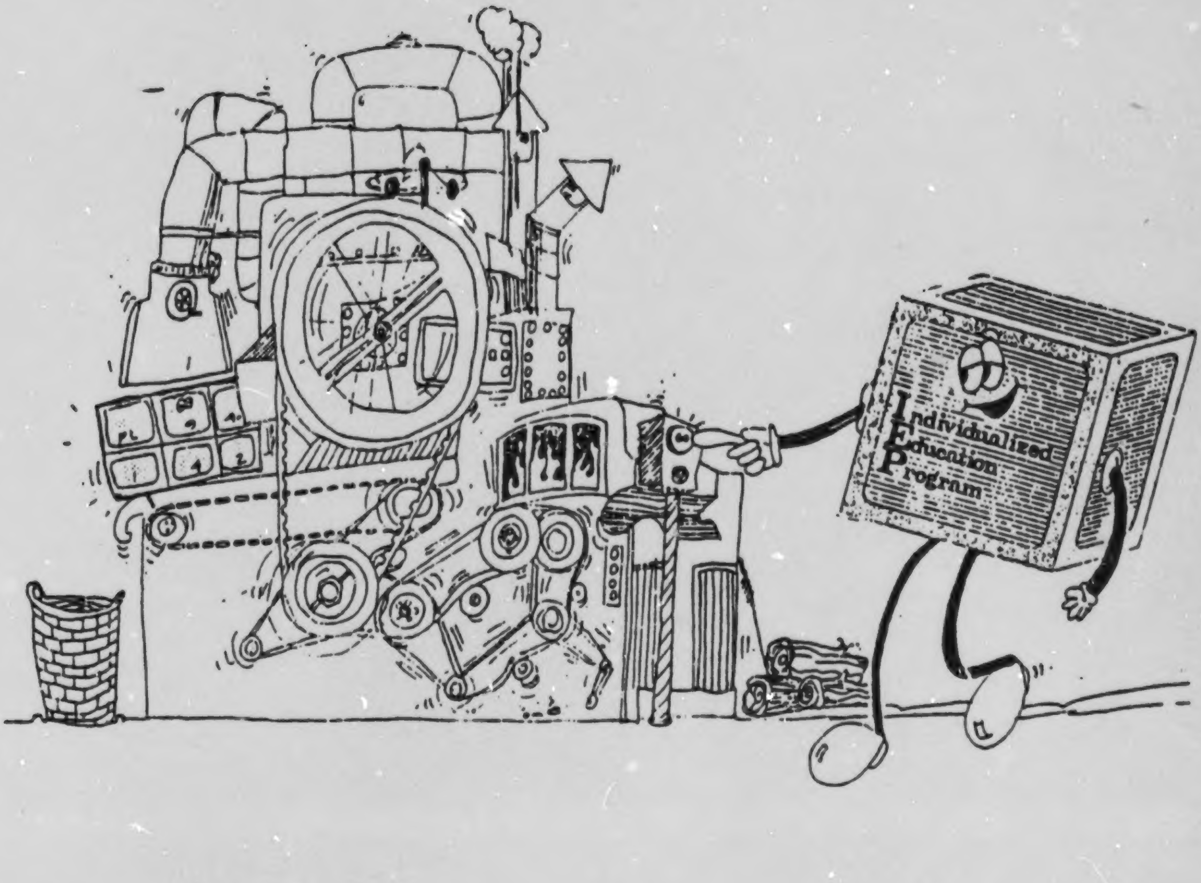
The IEP addressed only those educational needs of the student which require special educational and/or related services.

For a child with a speech impairment, an individual program need only include speech training. No other special services would be required in other academic areas.

c) Program

The program must state in a written form what will be provided and who is responsible for providing the services.

See appendix for sample IEP.



IEP PARTICIPANTS

The law requires that the following specific people be involved in the development of the Individual Education Program:

a) A representative of the public agency, other than the child's teachers, who is qualified to provide or supervise the provision of special education, e.g. principal, special education supervisor.

b) The child's teacher(s), special and regular, will have direct responsibility for implementing the child's individualized education program.

c) A member of the evaluating team or a person knowledgeable in interpreting the evaluation results, e.g. a school psychologist, counselor, speech therapist, hearing specialist.

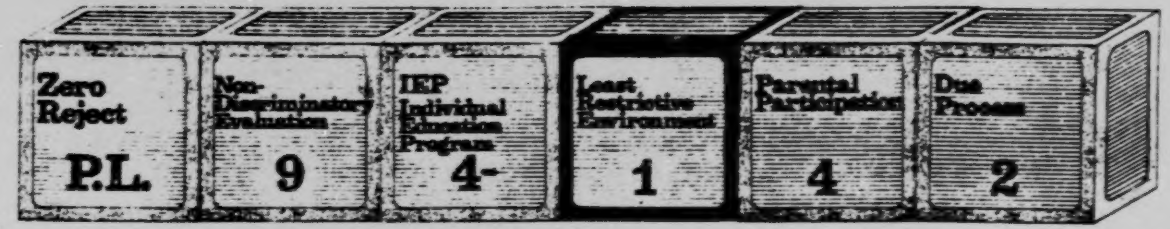
d) The parents, legal guardian, or surrogate parent.

e) The child, where appropriate or desired.

f) Other individuals at the discretion of the parent or agency.

PARENT INVOLVEMENT

Every attempt must be made to contact and accommodate the parents to insure their involvement in the IEP meetings. Each attempt must be documented. After sufficient attempts have been made to contact the parents, and they chose not to participate, the IEP meeting may be held without them. In instances where no parent or legal guardian can be located, a surrogate parent must be appointed.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LEAST RESTRICTIVE ENVIRONMENT

Handicapped children should be educated with non-handicapped peers in the LEAST RESTRICTIVE ENVIRONMENT. This means that handicapped children must be educated with non-handicapped children to the maximum extent possible. Removing a handicapped child from the regular educational environment should only occur when "the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." (Federal Register p.42497)

CONSIDERATIONS

To ensure that the child is placed in the Least Restrictive Environment possible, the following six components must be considered.

a) Placement Alternatives

Least Restrictive Environment does not require that all handicapped students will be automatically returned to the regular classroom on a full time basis. Existing programs designed to supplement regular class instruction will continue. Existing separate schools will also continue to operate for the blind, severely intellectually handicapped, deaf, multiply handicapped, and severely emotionally handicapped. Students will be placed in special schools based on unique individual needs.

b) Environmental Adaptations

When handicapped children are placed in regular schools, physical and environmental adaptations may need to be made. Physical adaptations of the environment may include push water taps that are easy to turn on and off, doors that open easily, visual aids for the hearing impaired, ramps, and rearrangement of classrooms to accommodate those in wheelchairs.

c) Non-academic Involvement

The Least Restrictive Environment also requires that opportunities be provided for handicapped students to participate with non-handicapped peers in non-academic activities

d) Instructional Modifications

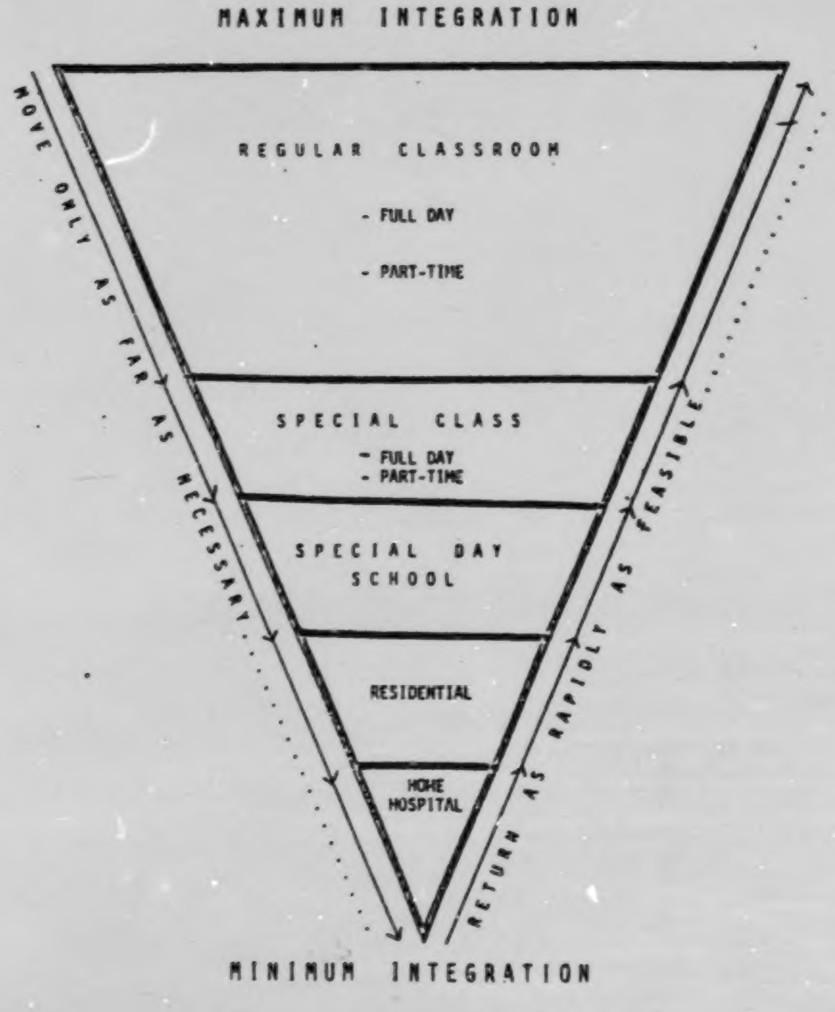
Just placing a handicapped child in a regular class is not enough. Modifications must be made in instructional materials and techniques to insure maximum educational benefit for each handicapped child.

e) Overall Acceptance

A teacher should accept the responsibility of including the student in all classroom activities, socially and academically, and actively encourage maximum acceptance by non-handicapped peers.

SERVICE CONTINUUM

The Least Restrictive Environment involves educational alternatives on a continuum along which students are moved from more restrictive to least restrictive environments.


MAXIMUM INTEGRATION
REGULAR CLASSROOM
- FULL DAY
- PART-TIME
SPECIAL CLASS
- FULL DAY
- PART-TIME
SPECIAL DAY SCHOOL
RESIDENTIAL
HOME HOSPITAL
MOVE ONLY AS FAR AS NECESSARY
RETURN AS RAPIDLY AS FEASIBLE
MINIMUM INTEGRATION

Service alternatives may include the following:

a) Regular Class

Full day: A child is placed in a regular classroom *without* supportive services. The regular teacher assumes the responsibility for the child's program. If the child is placed in a regular classroom *with* supportive services, a special educator provides a program for the child in a regular classroom.

Part time: A child is placed in a regular classroom while receiving some special services outside of the regular classroom for some part of the day, e.g. a child with a speech or language disability may be taken out of the regular classroom for therapy for one-half hour three times a week. Or a child with a learning disability may receive academic instruction in a resource room for one hour every day.

b) Special Class

Part time: A child is placed in a classroom specifically designed for his handicapping condition and integrated into regular classroom activities where appropriate.

Full day: A child is placed in a classroom specifically designed for his handicapping condition for the entire school day.

c) Special Day School

A child may be placed in a school specifically designed for handicapped students, e.g. The Exceptional Child Center.

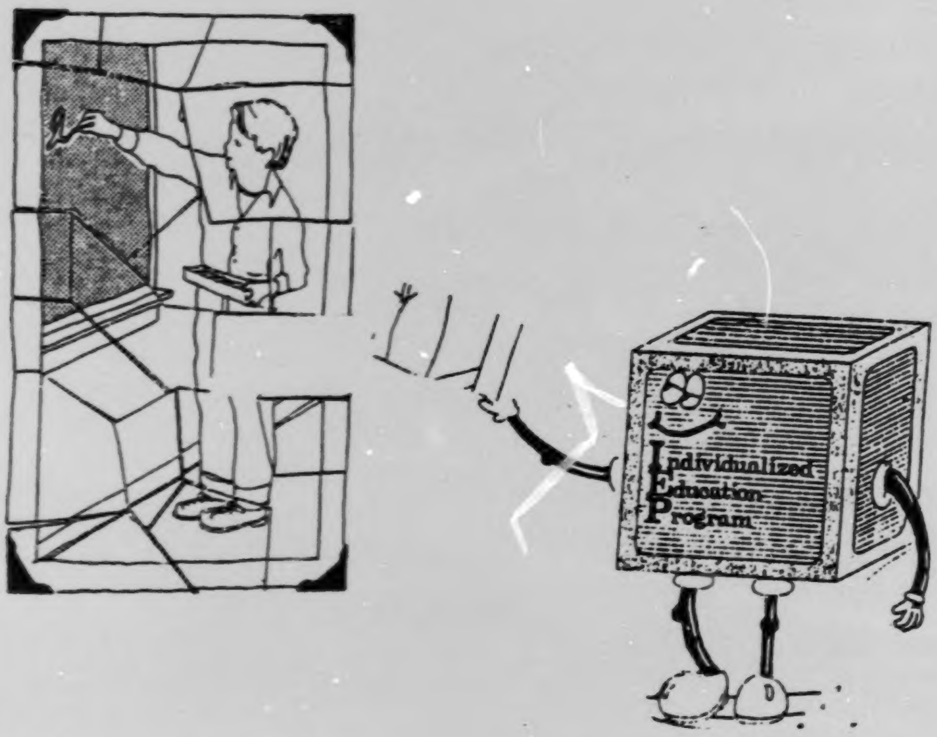
d) Residential School

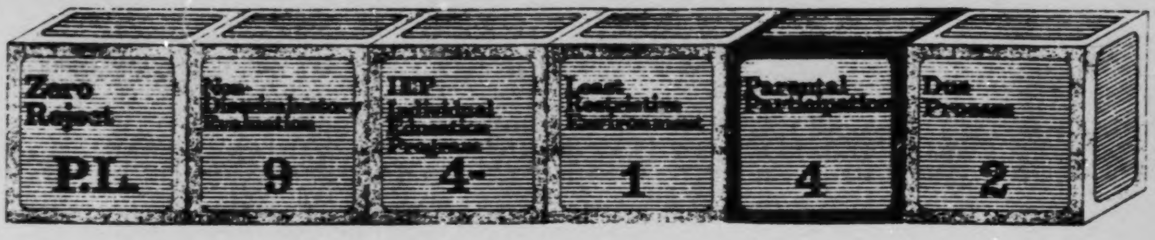
A child resides in a facility that provides a educational program designed specifically for handicapped students. Services are provided on a 24 hour basis.

e) Home/Hospital

A child receives educational services at home or in the hospital.

Only by looking at the total picture of each student can an appropriate initial level be determined and only by continual re-evaluation can the most appropriate and least restrictive environment for each handicapped student be maintained.


Individualized
Education
Program


Zero Reject
P.L.
Non-Discriminatory Evaluation
9
IEP Individual Education Program
4-
Least Restrictive Environment
1
Parental Participation
4
Due Process
2

PARENTAL PARTICIPATION

P.L. 94-142 involves the parents throughout every facet of the educational process. Each of the principles discussed so far includes some degree of parental involvement.

SPECIFIED INVOLVEMENT

The jurisdiction for including parental participation as a separate principle is that many of the parents' rights and responsibilities cannot be categorized under any of the above principles. These rights and responsibilities specified under this principle, relate to access to educational records and information.

The state agency has the responsibility for providing notice to parents regarding personally identifiable information, (defined as the name of the child and/or his family, address, a personal identifier such as a Social Security number, and a list of personal characteristics which would make it possible to identify the child). This notice to parents should include:

a) Access To Records

Storage: Parents should be notified of what records are being kept on their child, and of who has regular access to them. For example, teachers and other professionals working regularly with a student have access to most records.

Release: Parents should be notified of the specific procedures which must be followed if others wish access to a child's records. Should any other agency or individual wish to view a student's records, written permission must be obtained from the parent (or student, if 18 or older).

Protection of information: Parents should be notified of how confidentiality of the records is maintained. For example, in requesting permission from parents to release records, the individual/agency requesting records and the reason for doing so must be explained to the parents.

b) Content of Records

Parents should be given a description of the type of information and the methods used in gathering the information in the records. The information kept in regular school records typically includes semester grades, and scores from periodically administered achievement tests. For students receiving special educational services, additional evaluation is required (see non-discriminatory evaluation) and those scores and results are included in the student's file.

Parents should be given a description of the potential uses of the information collected. Should any additional evaluation information be desired for a special education student, parents will be asked to provide written consent after being told what test(s) will be used and the reasons for giving each.

Parents should be given a full description of all rights regarding the information on file. For example, parents (or the student, if 18 or older), have the right to request access to the student's records at any time. Schools must honor this request within a reasonable period of time.

IMPLIED INVOLVEMENT

The four preceding principles imply parental involvement as follows:

a) Zero Reject

Parents have the right to expect that a free appropriate public education be provided for their child regardless of presence, type, or severity of handicap.

b) Non-Discriminatory Evaluation

Parents must be given sufficient information to enable them to provide informed consent prior to any individual evaluation of their child. (See sample consent forms in the Appendix p. 41.)

Parents should be involved as members of the evaluation team, providing input on the child's skills and behavior as observed outside of the classroom.

c) Individual Education Program

Parents are expected to participate fully in the development and often in the implementation of their child's educational program.

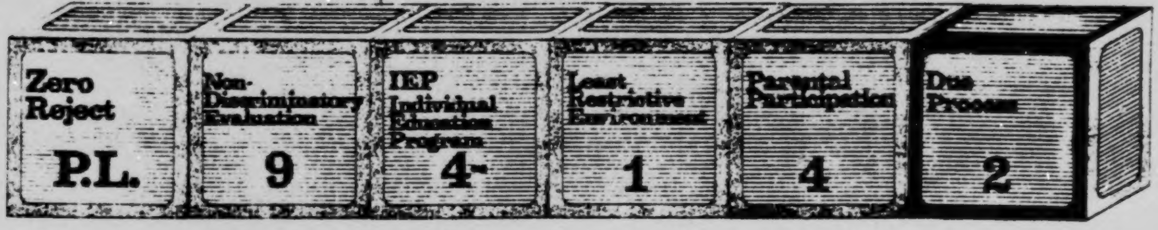
EVERY effort must be made to schedule the IEP meeting when one or both of the parents can be present.

Parents should be consulted as decisions are being made on their child's program.

d) Least Restrictive Environment

Parents must provide consent before a child can be considered for placement in any special education program, and also whenever special education placement is terminated.

Parents should be involved in the selection of an appropriate placement from available alternatives.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1
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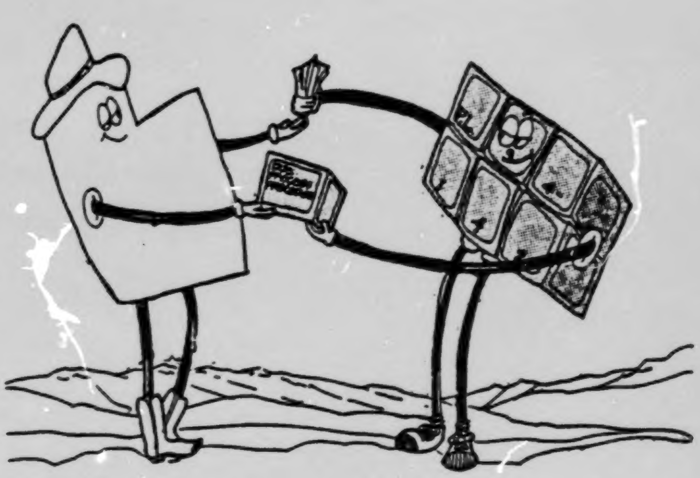
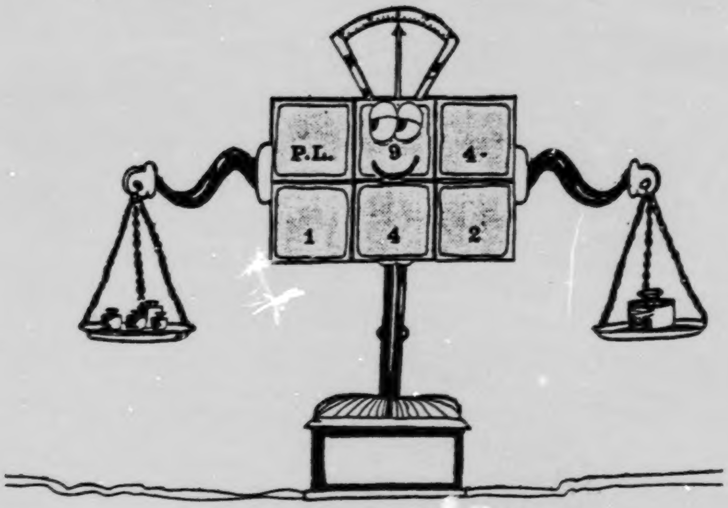
4
Due Process
2

DUE PROCESS

Due process is a procedure that insures that every child's rights will be protected when making educational decisions.

The Federal Government provides financial assistance to the states for education of the handicapped. In return, each state must establish due process procedures which are consistent with the law's requirement that individual rights be protected.





Due Process can be viewed as a system of checks and balances. This system insures that all parties have an equal input in determining the most appropriate placement and educational decision for a handicapped child.

ISSUES

Disagreements between parents and the Local Education Agency may arise over the following issues:

a) Notification

Parents must be provided with complete information regarding any decision for which their consent is requested. Parents must be made aware that their consent may be revoked. Parents must be informed of their right to obtain this information.

For example, parents may agree to a decision about their child's education without knowing they have the right to object or demand further information.

b) Identification

Before a child can receive special educational services, the parents and school personnel must agree that such services need to be considered.

For example, parents and the school may disagree about whether the child should be considered for special education services.

c) Placement

Every child's placement must be appropriate to their individual needs.

The school and the parents may disagree over the appropriateness of a child's educational placement.

d) Program

It is the local agency's responsibility to provide every child within it's jurisdiction with a free and appropriate education.

Parents and agency personnel may not agree on the appropriateness of the education program.

PROCEDURES

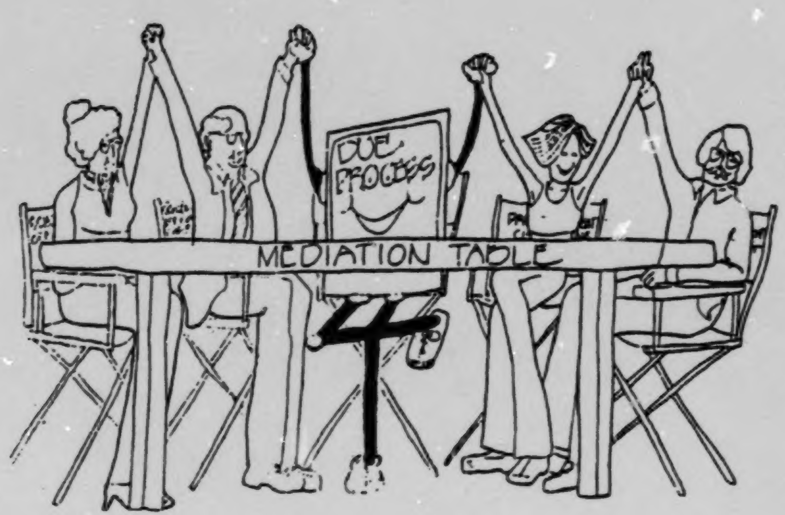
Due Process procedures designed to resolve these disagreements involve the three following processes:

a) Informal Conference

All parties involved meet to discuss and attempt to resolve differences. If an agreement cannot be reached, the next step is mediation.

b) Mediation

All involved parties meet under the direction of an impartial mediator in an effort to resolve the disagreement. If an agreement still cannot be reached, the next step is a due process hearing.



c) Due Process Hearing

If no resolution can be reached through an Informal Conference or Mediation, a Due Process Hearing can be requested in writing by either party.

An impartial state-designated Hearing Officer presides over a formal hearing involving parents and representatives of the public agency. The Hearing Officer renders a decision that is binding on both parties.

Either party has the right to be advised by counsel, present evidence, cross examine, obtain a record of the hearing, and obtain a written finding of facts and decisions. Parents only have the right to decide whether the hearing is open or closed.

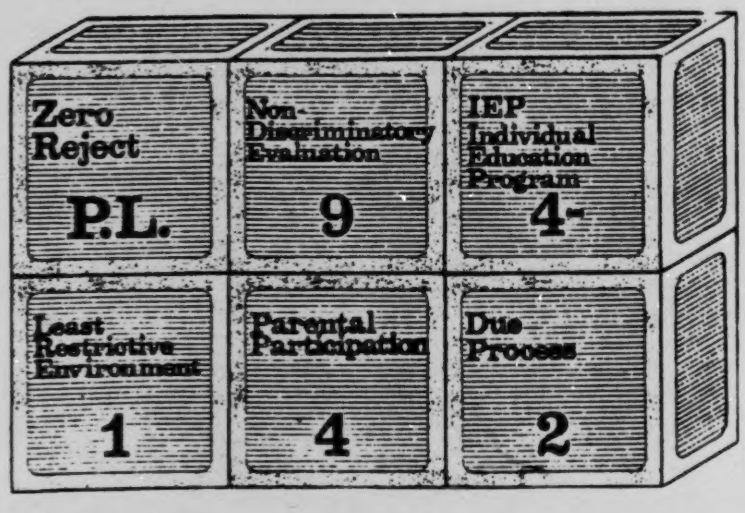
d) Appeal

When the decision of the Hearing Officer is unacceptable to either party, another due process hearing may be requested from the State Education Agency. Further appeal would involve civil action.

Due Process procedures, if handled with sensitivity to the real interests of both the school and the child, encourage better educational services.

CONCLUSION

Public Law 94-142 was passed to provide handicapped children with the same right to a public education Americans have long taken for granted. The regulations associated with each of the six principles underlying this law were designed to ensure the provision of a free and appropriate public education for all handicapped children. It is the familiarity of the professional with the intent and appropriate application of this law which can make quality education for all handicapped children a reality.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SELF-CHECK REVIEW

The following situations exemplify proper and improper applications of Public Law 94-142. Read each and indicate whether the situation is ACCEPTABLE (A), or NOT ACCEPTABLE (NA), and to which principle(s) in the first section of the tape each applies.

PART I

	Acceptable	Not Acceptable	Zero Reject	Non-Discrim. Eval.	Individual Educ. Program
1. A principal assigns a classroom teacher to administer a series of tests for which she is not trained.	A	NA	ZR	NDE	IEP
2. A learning disabled child is provided the opportunity to participate with the rest of the class in academic activities.	A	NA	ZR	NDE	IEP
3. An individualized special physical education program has been designed to meet the unique needs of a child with a physical handicap.	A	NA	ZR	NDE	IEP
4. A teacher reads aloud the items from a test for a visually impaired child.	A	NA	ZR	NDE	IEP
5. An administrator explains to a parent of a visually impaired child, that while there is no program available at present, the child will be evaluated by appropriate specialists to assess his needs and a program will be set up to meet those needs.	A	NA	ZR	NDE	IEP
6. A teacher uses a standardized achievement test with questions all in English to evaluate a Spanish speaking child's knowledge of subject content.	A	NA	ZR	NDE	IEP
7. A school bus driver refuses to take a child in a wheelchair, and tells the mother she should drive him to school herself.	A	NA	ZR	NDE	IEP
8. A classroom teacher attempts to include an emotionally handicapped student without referring to his IEP.	A	NA	ZR	NDE	IEP
9. An administrator refuses to accept a child because of the severity of his handicap, and tells the parents to take the child elsewhere.	A	NA	ZR	NDE	IEP
10. A hearing impaired student is evaluated by a team of specialists including an audiologist, a speech/language pathologist, an educator of the deaf, the child's regular teachers, and a psychologist to determine the child's current level of educational performance.	A	NA	ZR	NDE	IEP

*NOTE: You may self-check your answers using the key

SELF-CHECK REVIEW

The following situations exemplify proper and improper applications of Public Law 94-142. Read each and indicate whether the situation is ACCEPTABLE (A), or NOT ACCEPTABLE (NA), and to which principle(s) in the second section of the tape each applies.

PART II

	Acceptable	Not Acceptable	Least. Res. Env.	Parental Par	
1. Parents disagree with the school's desire to consider their child for special education services.	A	NA	LRE	PP	D
2. A principal tells parents what records are kept on their child and who has access to them.	A	NA	LRE	PP	D
3. The Resource room teacher is told her twenty handicapped students must be returned to the regular class to be mainstreamed.	A	NA	LRE	PP	D
4. A teacher prepares her class for a new student who has a speech problem by telling them to avoid talking to him because he is too difficult to understand.	A	NA	LRE	PP	D
5. A due process hearing is requested by the parents as soon as they hear the placement decision recommended by the school for their child.	A	NA	LRE	PP	D
6. A teacher not working with the child is allowed to look at his records without obtaining permission from parents.	A	NA	LRE	PP	D
7. Students from the special education classroom are encouraged to audition for the school choir.	A	NA	LRE	PP	D
8. At an informal conference to resolve differences between parents and the local education agency, agreement cannot be reached. Parents ask for a due process hearing at a state level.	A	NA	LRE	PP	D
9. Push water taps which are easy to turn on and off, and ramps installed in the school building are put into the school over the summer to accommodate handicapped children.	A	NA	LRE	PP	D
10. Parents call the school and request an opportunity to view their child's records.	A	NA	LRE	PP	D

*NOTE: You may self-check your answers using the answer key on page_____.

ANSWERS TO SELF-CHECK REVIEW

PART I

	Acceptable	Not Acceptable	Zero Reject	Non-Discrim. Eval.	Indiv. Educ. Prog.
1. Each standardized evaluation must be administered by trained personnel in conformance with the directions provided by the producer. No one teacher is likely to be trained to administer tests in all areas.	A	[✓ NA]	ZR	[✓ NDE]	IEP
2. A teacher should include the handicapped student in all classroom activities. A learning disabled child may receive Resource assistance for a short time during the day, but when in the regular classroom, should be included in the academic activities taking place. This may mean modifying some instructional procedures.	[✓ A]	NA	[✓ ZR]	NDE	IEP
3. The educational needs of a physically handicapped child are unique. An IEP that includes physical education adapted to meet the needs of this child is necessary.	[✓ A]	NA	ZR	NDE	[✓ IEP]
4. In this situation, because of a visual impairment, the use of written materials is inappropriate. Tests and other evaluation materials must be provided and administered in the mode of communication understood by the child.	[✓ A]	NA	ZR	[✓ NDE]	IEP
5. Under the principle of zero reject, a child cannot be excluded due to the type of handicap. Even though, for this type of handicap, no program is currently available, it is the school's responsibility to conduct an individualized evaluation to enable development of an appropriate individualized program.	[✓ A]	NA	[✓ ZR]	NDE	IEP
6. Certain evaluation standards must be met when a child is evaluated. In this situation, the language of the child has not been taken into consideration. To accurately determine the child's knowledge of subject content, the test used may need to be administered in the child's native language.	A	[✓ NA]	ZR	[✓ NDE]	IEP
7. Under the principle of zero reject, a child must be provided transportation to and from school, and among schools. A handicapped child cannot be prohibited from travelling on regular school buses due to a handicap, unless the school furnishes specialized travel equipment.	A	[✓ NA]	[✓ ZR]	NDE	IEP
8. The individual education program states in written form exactly what will be provided for the handicapped child and who is responsible for providing it. A classroom teacher should know his/her responsibilities and refer to the child's IEP before attempting to provide educational services.	A	[✓ NA]	ZR	NDE	[✓ IEP]

PART I CONTINUED

	Acceptable	Not Acceptable	Zero Reject	Non-Discrim. Eval.	Indiv. Educ. Prog.
9. A child must be provided with an appropriate education regardless of the severity of his handicap. If no appropriate program is available, the school district has the obligation to locate an appropriate program and to assume the financial responsibility.	A	[✓ NA]	[✓ ZR]	NDE	IEP
10. The evaluation described here is appropriate because it is made by a multidisciplinary team including professionals with knowledge in all areas related to the suspected disability.	[✓ A]	NA	ZR	[✓ NDE]	IEP

PART II

	Acceptable	Not Acceptable	Least Rest. Env.	Parental Part.	Due Process
1. The parents must consent before a child can be considered for placement in a special education program. The right to disagree with the school's recommendations is guaranteed under P.L. 94-142. Due process procedures have been established to facilitate an acceptable reconciliation of differences.	[✓ A]	NA	LRE	[✓ PP]	[✓ DP]
2. The principle of parental participation requires that parents be informed of all the educational records kept on their child and who has access to them.	[✓ A]	NA	LRE	[✓ PP]	DP
3. P.L. 94-142 does not advocate placing all handicapped students back into regular classrooms arbitrarily. Under the principle of least restrictive environment, each child's placement must be determined individually.	A	[✓ NA]	[✓ LRE]	PP	DP
4. Under the principle of least restrictive environment, a teacher should accept the responsibility of including the handicapped student in all classroom activities, and actively encourage maximum acceptance by non-handicapped peers.	A	[✓ NA]	[✓ LRE]	PP	DP
5. A due process hearing is the final step in the procedures established to facilitate resolution of differences. A due process hearing should be requested only after the informal conference and mediation procedures have been unsuccessful in resolving differences between school personnel and parents.	A	[✓ NA]	LRE	PP	[✓ DP]

PART II CONTINUED

	Acceptable	Not Acceptable	Least. Res. Env.	Parental Part.	Due Process
6. Those teachers and other professionals working regularly with the child, have access to his records. Written permission from parents must be obtained for anyone else to view the files.	A	[✓ NA]	LRE	[✓ PP]	DP
7. The principle of least restrictive environment requires that opportunities be provided for handicapped students to participate with their non-handicapped peers in non-academic activities.	[✓ A]	NA	[✓ LRE]	PP	DP
8. When an informal conference to resolve differences between parents and the local education agency is not successful, the next step is mediation. A DUE PROCESS HEARING is the final step in the due process procedure which should only be requested if no resolution can be reached in the first two steps.	A	[✓ NA]	LRE	PP	[✓ DP]
9. To ensure that an environment is least restrictive for a handicapped child, physical modifications may need to be made.	[✓ A]	NA	[✓ LRE]	PP	DP
10. Parents have the right to request access to their child's records at any time. This request is more readily accommodated if the school is informed in advance.	[✓ A]	NA	LRE	[✓ PP]	DP

Classification ______________

INDIVIDUALIZED EDUCATION PROGRAM

Child's Name ______________ Birthdate ________ Age ____ School ______________ Grade ____

Date of Referral ________ Date of Eligibility Determination ________ Date of Beginning Service ________

Anticipated Length of Service ________

A statement of the child's present levels of educational, psychological, and adaptive behavior functioning including strengths and weaknesses: ________

Justification for placement in special education: ______________

Instructional Levels:

Reading ________

Math ________

Spelling ________

IQ Range:

Above Average ________

Average ________

Below Average ________

(optional)

A statement of Annual Goals:	Specific educational and/or support services needed to meet annual goals:	Person(s) responsible to provide service(s):

From Rules and Regulations for Programs for the Handicapped. Salt Lake City, Utah: Utah State Board of Education, Division of Staff Development, 1977. Reprinted by permission.

A description of the extent of the child's participation in the regular classroom, including physical education activities:

Additional pertinent information as needed:

Participant and anticipated involvement:

EVALUATION/PLACEMENT TEAM MEETINGS and Participant Signatures and Titles		ANNUAL REEVALUATION
Date	Date	Date
Recommendations:		Parent(s):

Taken from: Turnbull, A.P., Strickland, B.B., & Brantley, J.C. Developing and Implementing IEP's. Charles E. Merrill Publishing Company, Columbus: 1978.

PARENTAL PERMISSION FOR EVALUATION FORM

Dear ______________________________, Date ____________________________

At the request of ________________________, ________________________, we are seeking your permission to carry out a
(Name) (Title)
more detailed evaluation of your child. Areas of assessment, instruments and purposes are indicated below:

	(check)		
Intellectual	____	Instrument(s): ______________________	Purpose(s): ______________________________
Educational	____	Instrument(s): ______________________	Purpose(s): ______________________________
Social-Emotional	____	Instrument(s): ______________________	Purpose(s): ______________________________
Adaptive	____	Instrument(s): ______________________	Purpose(s): ______________________________
Psycho/Motor	____	Instrument(s): ______________________	Purpose(s): ______________________________
Audiometric	____	Instrument(s): ______________________	Purpose(s): ______________________________
Language	____	Instrument(s): ______________________	Purpose(s): ______________________________
Speech	____	Instrument(s): ______________________	Purpose(s): ______________________________
Observation	____	Instrument(s): ______________________	Purpose(s): ______________________________
Other	____	Instrument(s): ______________________	Purpose(s): ______________________________

Taken from: Turnbull, A.P., Strickland, B.B., & Brantley, J.C. Developing and Implementing IEP's. Charles E. Merrill Publishing Company, Columbus: 1978.

Results of the evaluation are kept confidential.

You do have the right to refuse permission for this evaluation. If you do so the school may request a conference with you to present its reasons and to seek your approval.

You also have the right upon your request to review all of your child's school records and to be informed of the results of the evaluation in a scheduled conference with school personnel.

Your child's educational status will not be changed as a result of this evaluation without your prior knowledge and written approval. For further information see the parent's brochure entitled, "37,000 and 1 Reasons for Reading This Brochure...The 1 May Be Yours".

If you have any questions, please contact:____Phone:____________________
Please return this letter with your signature at the earliest possible date. Thank you.

____
(Child's Name) (Birthdate) (School)

☐ I hereby authorize the evaluation requested for my child. ____________________________________
(Signature of Parent or Guardian) (Date)

☐ I do not authorize the evaluation requested for my child. ____________________________________
(Signature of Parent or Guardian) (Date)

COMPLETED REFERRAL FORM

Name Johnny Beam Birthdate 10/1/68 Age 9-2

School Adams Grade 5 Sex M

Parents/Guardians Mr. and Mrs. Larry Beam

Address Willow Trailor Park, Kenton

Phone None

Referred by Ms. Snow Position 5th grade teacher

Reason for Referral Evaluation by Special Services Team, Health Department Consultation

Problem Areas

Acculturation & Language Mother American Indian who speaks Indian language

Health (Medical) Thin, restless

Hearing Screened OK (10/1/77)

Vision Wears glasses, Ophthalmologist's Report: right eye 20/20, left eye 20/20 (9/20/77)

Speech No interfering speech problems

Perceptual-Motor Performance Poor coordination, reluctant sports participant, poor handwriting

Academic Achievement & Intelligence Two grades below in reading and arithmetic, grades of D. No improvement with structure, time limits, different work levels. Verbal learner.

Social-Emotional Behavior Cooperative, attentive, but not interested in school

Parental Involvement None

Other Comments: Teacher concerns, prior screening results, and grades are available on cumulative record. The principal has observed Johnny and verified concerns. Johnny's response to modifications in instruction has been minimal.

Taken from: Turnbull, A.P., Strickland, B.B., & Brantley, J.C. Developing and Implementing IEP's. Charles E. Merrill Publishing Company, Columbus: 1978.

DEFINITIONS OF HANDICAPPING CONDITIONS

(1) "Deaf" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

(2) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

(3) "Hard of hearing" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

(4) "Mentally retarded" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

(5) "Multihandicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.

(6) "Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

(7) "Other health impaired" means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

(8) "Seriously emotionally disturbed" is defined as follows:
  a) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
    A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
C) Inappropriate types of behavior or feelings under normal circumstances;
D) A general pervasive mood of unhappiness or depression; or
E) A tendency to develop physical symptoms or fears associated with personal or school problems.

b) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

(9) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or of environmental, cultural, or economic disadvantage.

(10) "Speech impaired" means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.

(11) "Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

Taken from: Federal Register, Vol. 42, No. 163--Tuesday, August 23, 1977.

Student Assessment Workshop I

Fort Defiance Agency School Personnel

August 11-14, 1981

Topic 2 - Referring Students

Forward

It was the purpose of this topic to acquaint participants with the importance of a clearly and precisely stated referral question. The workshop provided exercises on identifying good and poor referral questions (see Appendix A), information on multidisciplinary team evaluations, the referral flow chart, preassessment activities, and copies of the referral forms used by the Fort Defiance Agency. Resource materials included examples of the basic skills for typical academic development kindergarten through sixth grade, a student review sheet, an example of the teacher's academic report, and resource material on the child's study evaluation team.

In addition, the manual for administering and scoring the Teacher Rating Scale for the survey of children with exceptional educational needs grades K through 8 was presented along with definitions and exercises in utilizing the rating scale (see Appendix E).

MULTIDISCIPLINARY EVALUATION TEAM

EVALUATION AREA	APPROPRIATE TEAM MEMBER
SPEECH AND LANGUAGE	SPEECH THERAPIST AUDIOLOGIST
MOTOR	PHYSICIAN PHYSICAL THERAPIST OCCUPATIONAL THERAPIST
SELF-HELP	PHYSICAL THERAPIST OCCUPATIONAL THERAPIST SPECIAL EDUCATION TEACHER VOCATIONAL REHABILITATION SPECIALIST
SOCIAL-EMOTIONAL	PSYCHOLOGIST
ACADEMICS	PSYCHOLOGIST SPECIAL EDUCATION TEACHER

Referral Flow Chart

I. Pre-Referral Activities
  A. Review Developmental Expectations
  B. Student Review Matrix
  C. Screening
    1. Arizona Teacher Rating Scale
    2. Anecdotal Records
    3. Work Samples (compare)
  D. Review Existing Data
    1. Health Records
    2. Cumulative File Folder
    3. Anecdotal Records
    4. Other
  E. Modify/Remodify Regular Classroom Program
    1. Utilize Resources, e.g.:
      a. Other Teachers, Professionals (ideas)
      b. Remedial Reading
      c. Counselor
      d. Motivation
      e. Behavior Management
      f. Resource Teacher
    2. Keep Record of Progress

II. Decision--Teacher (to Refer or Not to Refer)

III. Develop Referral Question for Principal

IV. Refer to Principal
  A. Reviews Case Study
  B. Decision (to refer/not refer)
  C. Refers to CSET

PURPOSE OF PRE-ASSESSMENT ACTIVITIES

1. Collect Information Available on Child.
2. Organize Information Available on Child.
3. Summarize Information Available on Child.
4. Identify Strengths and Weaknesses.
5. Confirm Concerns.
6. Make Data Based Decisions.

(PRE-ASSESSMENT)

KINDERGARTEN

Examples of Basic Skills For Typical Academic Development

Reading and Language Arts

By the end of the school year the kindergarten child will:

1. Listen to and carry out 3-part oral direction (or commissions).
2. Perform fine-motor skills: write with a pencil, draw with a crayon, thread beads, cut with scissors, work with pegs, lacing, etc.
3. Perceive and identify tactile relationships: hard, soft, furry, smooth,round, glassy, spongy, cold, warm, letter shapes, etc.
4. Recite own full name, address and telephone number and give personal information about himself/herself.
5. Put events of simple story in sequence.
6. Make up an ending for a simple story.
7. Identify upper and lower case letters.
8. Identify initial consonant sounds.
9. Know and use basic handwriting strokes: circle, half-circle, vertical, diagonal, and horizontal.

Math

By the end of the school year the kindergarten child will:

1. Count orally by 5's and 10's to 100.
2. Read numbers to 30.
3. Learn the quantitative language of mathematics such as: great, less, least, most, few, one more, many, zero, first, second, third, fourth, fifth.
4. Recognize and identify triangles, rectangles, squares, and circles.
5. Understand the composition of a set.
   a. recognize equivalent, nonequivalent sets.
   b. understand one-to-one correspondence of a set.
   c. match objects within a set.
   d. write a number indicating the number of objects within a set.

(PRE-ASSESSMENT)

KINDERGARTEN

Examples of Typical and Atypical Behavioral/Emotional and Social Development

A kindergarten child displaying Typical behavioral/emotional development will:	A kindergarten child displaying Typical social development will:
1. Obey others as a matter of course.	1. Play readily with children of own age.
2. Change from one activity to another with relative ease.	2. Spontaneously talk with peers and adults.
3. Show curiosity and eagerness for information.	3. Volunteer to be a helper.
4. Enjoy a directed activity for about 20 min.	4. Be familiar with, but not much interest in physical differences between the sexes.
5. Follow 2 to 4 directions given at one time.	

The following are examples of Atypical Behavioral/Emotional and Social Behaviors: They are Red Flag characteristics for a kindergarten child.

1. Hitting others more than two times during a 30 minute work period.
2. Hurting others by throwing sand or poking with pencils or scizzors.
3. Doing just the opposite from what others are doing, i.e., stomping instead of clapping.
4. Interrupting the teacher, talking out three or more times during a 30 minute class period.
5. Refusing to talk or sit by another child.
6. Unwilling to participate in "choosing" games.
7. Being quite reluctant to be a helper, i.e., passing out papers, pens, etc.
8. Refusing to hold up visual aide.

(PRE-ASSESSMENT)

FIRST GRADE

Examples of Basic Skills For Typical Academic Development

Reading and Language Arts

By the end of the school year the first grade child will:

1. Identify consonant sounds with written symbols.
2. Recognize two-letter blends and digraphs (st, bl, th, ch, etc.).
3. Identify simple word endings (ing, ed).
4. Be able to retell a story in sequence and recall details from a given story.
5. Be able to make inferences and draw conclusions from material read.
6. Read words on grade level from the basic reading series and the Fry word list.
7. Follow a minimum of three-step oral directions.
8. Write legibly.

Math

By the end of the school year the first grade child will:

1. Be able to count and write numerals through 100.
2. Understand place value (ones and tens).
3. Be able to count orally and write by 5's and 10's to 100.
4. Know the meaning of the addition sign, the subtraction sign, and the equal sign.
5. Learn the days of the week, months of the year, and be able to give the current date.
6. Solve addition problems with sums no greater than 10.
7. Solve subtraction problems with differences no greater than 10.
8. Be able to read and say number words zero through ten.
9. Be able to tell time to the hour.
10. Recognize and know the value of pennies, nickles, and dimes.
11. Be able to recognize and write the fraction ½.

(PRE-ASSESSMENT)

FIRST GRADE

Examples of Typical and Atypical Behavioral/Emotional and Social Development

A first grade child displaying Typical behavioral/emotional development will:	A first grade child displaying Typical social development will:
1. Try not to be late for school.	1. Participate in group play but "group hops" a lot.
2. Stick up for his/her own rights and wishes.	2. Seek praise, attention, and help when appropriate.
3. Express standards of goodness for himself, as well as for others and try to live up to them.	3. Enjoys being with friends.
4. Respond to demand even though it may take a while.	4. Not shy away from recess and physical playing with others.

The following are examples of Atypical Behavioral/Emotional and Social Behaviors: They are Red Flag characteristics for a first grade child.

1. Being out of seat 4 or more times during a 30 minute period.
2. Displaying aggressive behavior more than 5 or 6 times per day, i.e., hitting, yelling, pushing.
3. Interrupting the teacher 5 to 6 times or more per day.
4. Displaying emotional outbursts more than 6 times per day.
5. Spending most of his/her time alone during recess and on the playground.
6. Crying 3 or 4 times during the week.
7. Being picked on consistently by peers.

(PRE-ASSESSMENT)

SECOND GRADE

Examples of Basic Skills For Typical Academic Development

Reading and Language Arts

By the end of the school year the second grade child will:

1. Differentiate between long and short vowels.
2. Identify letter blends (spr, spl, squ)
3. Recognize and use prefixes (re-, un-), and suffixes (-er, -est, -y, -ly,) and note how they change the meaning of words.
4. Recognize and use inflectional endings (s, es, ed, ing) and not how they change the meaning of words.
5. Know words that are commonly reduced to contractions such as can't, isn't, etc.
6. Discuss and recognize main ideas in a paragraph and a short story.
7. Identify the sequence of events or ideas in a story.
8. Spell a basic word list.
9. Write sentences, beginning with capital letters, and ending with appropriate punctuation.
10. Write words and simple sentences from dictation.
11. Read sentences, paragraphs, and stories observing punctuation marks as guides to oral expression.

Math

By the end of the school year the second grade child will:

1. Know concepts and signs greater than, less than and equal to (, , =)
2. Know basic addition and subtraction facts through 10, and be able to solve through 18.
3. Know and complete missing number problems with sums not to exceed 10.
4. Understand place value - ones, tens, and hundreds.
5. Add and subtract 2 or 3 digit numbers without regrouping.
6. Tell time including hour and half hour.
7. Solve verbal or written problems, on pupil's reading level, using addition and/or subtraction.
8. Recognize and write fractions 1/2, 1/3, and 1/4.
9. Add and subtract 2 digit numbers with regrouping.
10. Recognize and measure customary linear measurement in yards, feet and inches.

(PRE-ASSESSMENT)

SECOND GRADE

Examples of Typical and Atypical Behavioral/Emotional and Social Development

A second grade child displaying
Typical behavioral/emotional development will:

1. Not usually cry openly, yet be sensitive and tears will well up.
2. Show an attempt to control tensional outlets such as emotional outbursts, biting fingernails, and picking nose.
3. Want to finish work
4. Show signs of recognizing personal responsibility and guilt.
5. Contact environment curiously rather than aggressively.
6. Work quietly and with absorption for 30 minute periods.
7. Show signs of learning to make his/her own choices and decisions.

A second grade child displaying
Typical social development will:

1. Not show fixation on differences in physique between sexes.
2. Talk with adults and peers about experiences in a pleasant manner.
3. Show evidences of learning to lose.
4. Reach out to older playmates.
5. Play in pairs.
6. Be able to confide worries and fears to someone that is close.

The following are examples of Atypical Behavioral/Emotional and Social Behaviors: They are Red Flag characteristics for a second grade child.

---

1. Leaving seat more than 2 times during a 30 minute period.
2. Showing aggressive behavior more than 3 or 4 times per day, i.e., pinch, shove, hit.
3. Sitting without doing anything for periods of 30 minutes or more.
4. Regressing to baby talk, i.e., "Teacher, can I do this," "don't want," "go now."
5. Being alone 40% or more of the time during recess and other social activities.
6. Making vocal outbursts 4 or 5 times during a day.
7. Interrupting the teacher more than 3 or 4 times a day.
8. Bossing and bullying others.
9. Complaining more than 2 or 3 times a week about other students picking on him/her.
10. Being silly 5 or more times per day, i.e., crawling on the floor, putting crayons in nose.

(PRE-ASSESSMENT)

THIRD GRADE

Examples of Basic Skills For Typical Academic Development

Reading and Language Arts

By the end of the school year the third grade child will:

1. Be able to break words into syllables to aid in pronunciation.
2. Identify and use prefixes and suffixes.
3. Identify and use contractions.
4. Identify and build compound words.
5. Recognize sight words on grade level of basic reading series and the Fry list.
6. Get factual information from materials read.
7. Retell main ideas and happenings in sequential order.
8. Give the main idea of a story and support it with details.
9. Interpret and make inferences from materials read.
10. Use cursive writing, applying appropriate hand position and letter formation.
11. Spell correctly words from the basic spelling text.
12. Read sentences and paragraphs observing punctuation marks as guides to oral expression.

Math

By the end of the school year the third grade child will:

1. Count and write numerals to 500.
2. Know addition and subtraction number facts.
3. Know place value to thousands.
4. Solve problems involving column addition, no more than three addends, having one and/or two digits.
5. Add and subtract two-digit numerals with regrouping and carrying.
6. Tell time by the hour, half-hour, five-minutes, and quarter-hour.
7. Solve story problems with one unknown.
8. Know multiplication facts through 9's.
9. Divide by one-digit number no greater than 9.
10. Know and use measure of one dozen, linear measure (1 ft., 1 in.,) and liquid measure (c., pt., qt., gal.).
11. Read and interpret simple charts, graphs, and scales.

(PRE-ASSESSMENT)

THIRD GRADE

Examples of Typical and Atypical Behavioral/Emotional and Social Development

A third grade child displaying Typical behavioral/emotional development will:	A third grade child displaying Typical social development will:
1. Respond to attack and criticism with good feeling rather than with aggression.	1. Show indications of learning to play some team games such as baseball, soccer, etc.
2. Be able to be self-critical and impatient with self regarding academic performance.	2. Show concern of the attitudes and happiness of friends.
3. Obey requests, "If you insist."	3. Be able to have a best friend of the same sex.
4. Respect the property and possessions of others.	4. Be able to identify with and belong to same sex group as the sexes begin to draw apart in play.
5. Be generally responsible for his/her own acts and will not usually blame others without some justification.	5. Shift gradually from teacher dependency to peer group support.
6. Be responsive to teacher's humor.	
7. Be controlled by a teacher's silence.	
8. Enjoys school and dislikes staying home.	

The following are examples of Atypical Behavioral/Emotional and Social Behaviors: They are Red Flag characteristics for a third grade child.

1. Taking toys or school materials away from other peers most every day.
2. Hitting and shoving more than 1 time each day.
3. Tattling more than 2 or 3 times per week.
4. Leaving the classroom to go to the bathroom more than 1 time per day.
5. Sitting and/or daydreaming to the point of not getting work done.
6. Being without playmates most every recess.
7. Staying in the classroom during social activities and being alone.
8. Engaging in silly behavior more than 1 time per day.

(PRE-ASSESSMENT)

FOURTH GRADE

Examples of Basic Skills For Typical Academic Development

Reading and Language Arts

By the end of the school year the fourth grade child will:

1. Divide words into syllables to assist in pronounciation and recognize that one syllable is accented (stressed) more than others.
2. Be able to identify base (root) words and know the meanings of prefixes and suffixes such as: pre-, un-, re-, dis-, in-, -ment, -ful, -less.
3. Be able to recognize and know the meanings of abbreviations such as: no., p., pp., p.m., a.m., and etc.
4. Identify the topic sentence (main idea) in a paragraph either stated or implied.
5. Interpret what is read and apply critical thinking skills (categorizing ideas) and interpreting what is read to answer questions: who, why, what, when and where.
6. Identify and classify words according to different parts of speech (noun, verb, pronoun, and adjective).
7. Spell basic words at fourth grade level and use them correctly in written work.

Math

By the end of the school year the fourth grade child will:

1. Identify the place value of a specified digit in a 4-digit whole number.
2. Identify the word name for a 3 or 4 digit whole number.
3. Know basic 100 facts of addition.
4. Add 3-digit numbers less than 1,000 and three addends regrouping twice.
5. Know basic 100 facts of subtraction.
6. Subtract 3-digit numbers regrouping twice.
7. Know basic 100 facts of multiplication.
8. Multiply 2-digit numbers by 1-digit numbers using regrouping.
9. Know basic 90 facts of division.
10. Divide 2-digit numbers by 1-digit numbers with or without remainders.
11. Identify common fractions with denominators of 2, 3, 4, 5, 6, or 8.

(PRE-ASSESSMENT)

FOURTH GRADE

Examples of Typical and Atypical Behavioral/Emotional and Social Development

A fourth grade child displaying
Typical behavioral/emotional development will:

1. Interrupt his/her own activity in response to a demand from an adult.
2. Usually make up his/her mind easily and change it in response to reason.
3. Think in terms of right and wrong rather than good and bad.
4. Accept an assignment at grade level and complete it independently.
5. Not usually lose things.
6. Usually respect the possessions and personal rights of others.

A fourth grade child displaying
Typical social development will:

1. Show thoughtfulness and protection for the underdog.
2. Participate in same sex clubs or gangs.
3. Usually be able to take a joke on him/herself.
4. Enjoy competition.
5. Show concern about the fairness of teachers.
6. Generally be able to wrestle around (boy) without showing anger or fear.

The following are examples of Atypical Behavioral/Emotional and Social Behaviors: They are Red Flag characteristics for a fourth grade child.

1. Stealing or damaging the property of others.
2. Failing to follow directions at least 75% of the time.
3. Acting out almost everyday with some kind of inappropriate behavior, i.e., throwing, clowning, etc.
4. Being out of seat during work time 3 or more times per day.
5. Showing aggression, i.e., hitting, tripping, shoving, one or more times every day.
6. Avoiding most opportunities to engage in social activities.
7. Daydreaming, looking out the window and sitting inactively 4 to 5 times or more each day.

(PRE-ASSESSMENT)

FIFTH GRADE

Examples of Basic Skills For Typical Academic Development

Reading and Language Arts

By the end of the school year the fifth grade child will:

1. Divide words into syllables and identify primary accent (stress).
2. Learn the following contractions: I'll, it'll, they're, I've, we've, I'd, you'd, he's, Tom's, won't, don't, hasn't, aren't, weren't, shouldn't, couldn't.
3. Recall happenings and events of stories in logical sequence.
4. Apply critical thinking skills--draw conclusions, make inferences and predictions about selections read.
5. Locate and determine the appropriate meaning of specific words in the dictionary.
6. Group sentences that tell about one subject into a paragraph format.
7. Use sound spelling patterns as tools in written language.

Math

By the end of the school year the fifth grade child will:

1. Know whole number addition with 3 or more addends and 4-digit whole numbers.
2. Solve complex addition problems with whole numbers.
3. Know whole number multiplication 3-digit factor by a 2-digit factor.
4. Know whole number division with 3-digit dividends by a 2-digit divisor, which is a multiple of ten.
5. Know decimals in money problems with addends involving 4 digits.
6. Be able to subtract money amounts involving 4-digits.
7. Know multiplication of decimals with 3-digit money amount by a 1-digit whole number.
8. Be able to add fractions with like denominators resulting in sums less than one.
9. Know how to reduce simple fractions less than one whole to lowest terms.
10. Be able to subtract fractions less than one with like denominators.

(PRE-ASSESSMENT)

FIFTH GRADE

Examples of Typical and Atypical Behavioral/Emotional and Social Development

A fifth grade child displaying
Typical behavioral/emotional development will:

1. Not frequently become angry and when he/she does experience anger, it is soon resolved.
2. Follow a work schedule to complete a sequence of tasks.
3. Evaluate his/her abilities in school and in athletics.
4. Report and act as though he/she is usually very happy.

A fifth grade child displaying
Typical social development will:

1. Share in the give and take of practical jokes.
2. Develop relationships with significant adults which are straightforward, sincere and trusting.
3. Begin making accurate, critical analyses of teachers and parents.
4. Enjoy talking and listening to friends.

The following are examples of Atypical Behavioral/Emotional and Social Behaviors: They are Red Flag characteristics for a fifth grade child.

---

1. Leaving work at home 2 or 3 times per week.
2. Being unprepared more than half the time in turn-in work.
3. Being a poor sport and becoming angry when the recipient of practical jokes.
4. Displaying emotional outbursts 1 or more times each day.
5. Being off-task 3 or more times during a 40 minute math or reading.
6. Pushing or shoving in the classroom 2 or more times each day.
7. Depending 2 or more times a period on instructions or coaching about assignments from peers or teachers.

(PRE-ASSESSMENT)

SIXTH GRADE

Examples of Basic Skills For Typical Academic Development

Reading and Language Arts

By the end of the school year the sixth grade child will:

1. Use diacritical marks as aids in pronouncing new words.
2. Form the singular and plural possessives and write them correctly.
3. Identify multi-meaning words and their various meanings as used in the basal reading text.
4. Read a paragraph and put facts in sequential order (A. Chronological, B, Numerical, C. Order of Importance, D. Order Mentioned by the Author.
5. Identify facts or details in paragraph that support the main idea.
6. Write sentences using the following parts of speech correctly: nouns, pronouns, verbs, adverbs, adjectives, prepositions, and conjunctions.
7. Use appropriate punctuation such as; periods, commas, exclamation points, question marks and apostrophes.
8. Transfer and apply the decoding the word analysis skills learned in reading to spelling.

Math

By the end of the school year the sixth grade child will:

1. Have mastered the basic facts of addition, subtraction, multiplication, and division.
2. Read, write, and state the value of a numeral through a million.
3. Round off a number to the nearest thousand.
4. Add accurately numbers of five digits and four addends to obtain the correct sum.
5. Subtract accurately a five-digit number with up to four regroupings to find the correct difference.
6. Multiply with 3-digit multiplicand and a 3-digit multiplier.
7. Add and subtract unlike proper fractions.
8. Reduce all fractions to lowest terms.
9. Change improper fractions to mixed numbers less than 10.
10. Solve story problems containing two or more facts using the four problem-solving steps.

(PRE-ASSESSMENT)

SIXTH GRADE

Examples of Typical and Atypical Behavioral/Emotional and Social Development

A sixth grade child displaying
Typical behavioral/emotional development will:

1. Generally cover up feelings of anger, disappointment and frustration.
2. Become angry with the teacher but generally keep the emotion within.
3. Be prepared with notebooks, pencils, etc. when moving from one assignment or room to another.
4. Assume school responsibilities, lunch duty, traffic guard, etc., without adult supervision.
5. Keep hands off other children.
6. Work independently on school projects for 40 minute periods.

A sixth grade child displaying
Typical social development will:

1. Show interest in reaching out for social interaction with the opposite sex: notes, teasing, chasing, hitting, acting silly, etc.
2. Tell others spontaneously what he/she does and does not fear.
3. Organize team activities.
4. Participate easily in group and class discussions.

The following are examples of Atypical Behavioral/Emotional and Social Behaviors: They are Red Flag characteristics for a fifth grade child.

1. Displaying emotional outbursts most every day.
2. Being off-task 2 or more times during independent study periods.
3. Criticizing and treading down classmates on a daily basis.
4. Talking and interrupting more than 1 time per class period.
5. Leaving desk 2 or more times per period.
6. Avoiding responsibility for what he/she has done: "I don't know!"
7. Spending more than 50% of social time alone.

TRANSPARENCY

(PRE-ASSESSMENT)

I-6

Student Review Sheet

Identifying six to eight students that have the most diffculty meeting developmental criteria or show the most Red Flag characteristics:

Class Roster	Academic Criteria					Behavioral Criteria					Social Criteria				
	No Problem			Many Problems		No Problem			Many Problems		No Problem			Many Problems	
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1. Adam	X								X		X				
2. Ann	X					X					X				
3. Cindy		X				X					X				
4. Cyrus			X				X					X			
5. Donald	X					X					X				
6. Kaye		X				X					X				
7. Fred				X						X					X
3. George	X							X					X		
9. James					X		X						X		
10. Kelly	X					X					X				
11. Lois	X					X									X
↓															

Red Flag Kids	Academic	Behavioral	Social
	James Fred	Fred Adam	Fred Lois

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(PRE-ASSESSMENT)

P-3

Student Review Sheet

Identifying six to eight students that have the most difficulty meeting developmental criteria or show the most Red Flag characteristics:

	Academic Criteria	Behavioral Criteria	Social Criteria
Class Roster	No Problem / Many Problems	No Problem / Many Problems	No Problem / Many Problems
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10. ↓			
Red Flag Kids	Academic	Behavioral	Social

(PRE-ASSESSMENT)

TEACHER'S ANECDOTAL REPORTS

Student's Name HENDERSON, Fred

Notations made by teacher after end-of-year conference:	Teacher's observations:
KINDERGARTEN: (Not enrolled in this school)	KINDERGARTEN: (Attended school elsewhere)
FIRST GRADE: (Not enrolled in this school)	FIRST GRADE: (Attended school elsewhere)
SECOND GRADE: May 21, 1978 Parent reported that Fred complains of stomach-ache two or three mornings every week, but that he seems to feel better about lunchtime. Parent also reported that the pediatrician had said that Fred probably had a touch of school phobia because he could find no cause for the stomach-aches during his examination.	SECOND GRADE: High absenteeism from beginning of school until March of this year. Looks out of the window much more frequently than the other children. He is out of his seat and bothering other children while they are trying to work.
THIRD GRADE: May 20, 1978 Parent said that Fred has enjoyed school much more this year than he ever has, and that he has especially liked learning to play the trumpet. Parent emphasized that Fred practices everyday and that he hardly ever has to be reminded. Parent also expressed concern over Fred's poor achievement in reading and math. She asked teacher to recommend a tutor for the summer months.	THIRD GRADE: Work is improving except in reading and math. He doesn't like to go outside for recess -- usually wants to stay inside. He does not play with other children very often. There's far too much out-of-seat behavior and talks without raising hand during formal instructional periods.

FIGURE 12-4 ANECDOTAL RECORD

SEPT. 4, 1977--INTRODUCED SUBTRACTION WITH REGROUPING IN TEN'S COLUMN IN MATH GROUP OF SIX.

SEPT. 5, 1977--JOYCE DID NOT COMPLETE MATH ASSIGNMENT ON TIME TODAY. SHE SEEMED TO BE STRUGGLING THROUGH THE WORK. FIVE OF TEN ANSWERS WERE INCORRECT.

SEPT. 6, 1977--JOYCE TURNED IN MATH ASSIGNMENT VERY EARLY; ACCURACY LEVEL WAS 60%. PAPER RETURNED FOR HER TO CORRECT.

SEPT. 7, 1977--STILL WORKING ON MATH PAPER FROM YESTERDAY. TRIED TO HELP HER FOR A FEW MINUTES DURING THE 50-MINUTE PERIOD. NOT ENOUGH TIME. PERHAPS A PEER TUTOR TOMORROW.

SEPT. 8, 1977--CINDY WORKED WITH JOYCE TODAY. SEEMS TO BE MAKING PROGRESS. CINDY SOLVED THE FIRST FEW PROBLEMS, THEN HELPED JOYCE WITH THE NEXT SIX. JOYCE DID THE LAST TWO ALONE. MADE ONE MISTAKE. CINDY HELPED HER CORRECT IT.

Pre-Assessment and Screening Summary

Name: ______________________ Date: ______________ Teacher: ______________

Health Report

Vision	Hearing	Physical Health

Cumulative File Folder

Strengths	Weaknesses

Teacher's Ancedotal Records

Strengths	Weaknesses

Arizona Teacher Rating Scale

Academic	Behavioral	Physical

Activities of Child Study Team

I. Review:

  A. Information Provided by Teacher/Principal

  B. Referral Question

II. Decision to Refer or Not to Refer

III. To Refer for Further Evaluation

  A. Provide Assessment on 6 Measures

    1. Sensory and Physical

    2. Educational Achievement

      a. Deficit

      b. Current Levels of Functioning

    3. Classroom Observation

    4. Other Behavioral Observation, e.g.:

      a. Dormitory

      b. Playground

      c. Bus

      d. Lunchroom

    5. Develop Social History and Family Study

    6. Arizona Teacher Rating Scale

  B. Writes Report

    1. Summary of Information Collected

    2. Recommendation

    3. Reasons for Recommendations

    4. Statement of Current Teacher's Agreement/Disagreement with Recommendation

  C. Decision--Further Testing

  D. Determines:

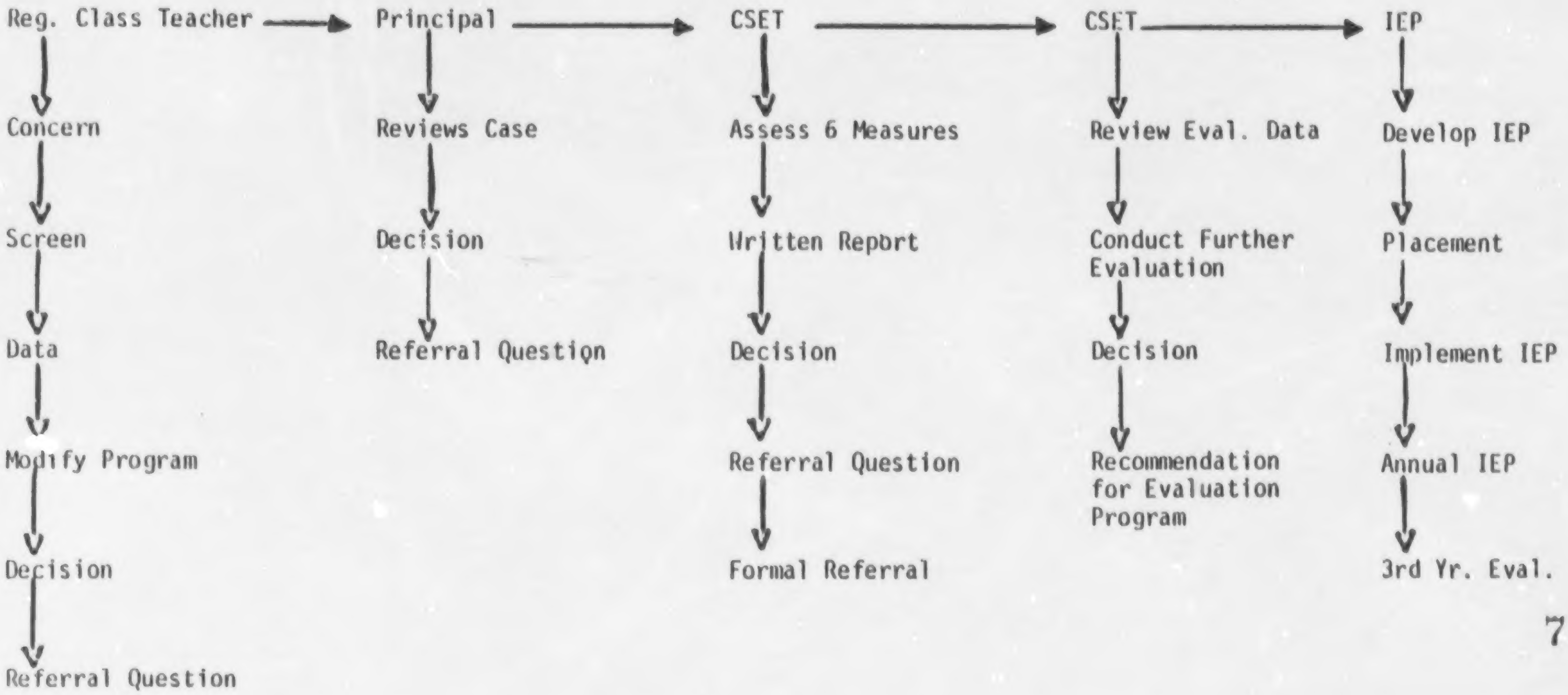
    1. Referral Question

    2. What Tests

    3. Who Will Administer

E. Makes Formal Referral to Diagnostician(s)

REFERRAL, ASSESSMENT, AND PLACEMENT PROCESS


Reg. Class Teacher
Concern
Screen
Data
Modify Program
Decision
Referral Question
Principal
Reviews Case
Decision
Referral Question
CSET
Assess 6 Measures
Written Report
Decision
Referral Question
Formal Referral
CSET
Review Eval. Data
Conduct Further Evaluation
Decision
Recommendation for Evaluation Program
IEP
Develop IEP
Placement
Implement IEP
Annual IEP
3rd Yr. Eval.

EVERYTHING YOU HAVE ALWAYS WANTED TO KNOW ABOUT THE CHILD STUDY EVALUATION TEAM IN ACTION BUT WERE AFRAID TO ASK

1. Step One: Prior to referral of a child for an Individual Psychoeducational Evaluation, all efforts must be made to meet the child's needs within the context of the services which are a part of the regular education program. In addition, the regular program should be modified, if necessary, to meet such needs. This includes, individualization, peer tutoring, intensive remedial instruction or any other recognized modalities to remediate the problem. Such efforts and their results shall be documented and placed in the child's record.

2. Step Two: In the event that all efforts in step one have failed, the student would be referred to the school administrator who would decide whether the following services and activities need to accomplished. These services and activities may also be accomplished as a part of step one; however, they must be accomplished prior to referral for an individual psychoeducational evaluation. The school administrator would require the child study evaluation team to accomplish the following if he/she determines that the regular program cannot remediate the deficit:

    a. Sensory and physiological screening if not previously conducted within the past three months (vision and hearing). In any event a report must be obtained from Community Health Services indicating the most recent status. Referrals to Community Health must include reason for referral, behaviors exhibited, and any other information on the child's health (use Form HSA-199, Example #1).

    b. Informal or formal educational assessment. This must include deficit areas as well as current levels of academic functioning. It is suggested that the Brigance or Woodcock Johnson Achievement Test be used. The child's academic history must also be summarized at this stage (see Examples #2 and 3).

    c. Classroom observation. This must be accomplished by an observer other than the classroom teacher using the Fort Defiance Agency observation report, FDOE Form # SE8. The observer should document the child's relationship to peers, teacher and others, work habits, response to the teacher and any other relevant information that could assist in the child's assessment (see Example #4).

    d. Other systematized behavioral observation such as behavior in the dormitory, on the playground or other school settings.

    e. Development of a social history and family study. This must include homelife problems, childhood diseases as well as emotional problems resulting from any of the above (see Example #5).

    f. Administering and scoring of the Arizona Screening Scale and an appropriate referral form by the regular classroom teacher (see Example #6).

    g. Obtaining the permission of the parents to have an individual psychoeducational evaluation conducted (see Example #7).

A written report summarizing the educational assessment must be prepared by the individual administering the assessment after consultation with the classroom teacher. This report along with the other data described above must be made available to the diagnostician prior to the diagnostician's assessment. The written report shall contain:

1. A recommendation of whether an individual evaluation or re-evaluation should be conducted.

2. The reasons for the recommendation.

3. A summary of the information collected.

4. A statement of whether the child's current teacher agrees or disagrees with the recommendation.

Once this report has been prepared and the LEA Assessment Checklist has been completed (see Example #8), a formal referral should be made using the appropriate form (see Example #9). The primary purpose of the referral is to request an Individual Psychoeducational Evaluation be completed by the Child Study Evaluation Team to determine whether or not the student meets the eligibility criteria for placement and special education services. Parents should be notified of the evaluation progress using the form letter of Example #10 and invited to attend a placement/IEP conference using the form letter of Example #11. At this point, the Individualized Education Plan (IEP) would be developed using the STEP system and the IEP format shown as Example #12. In the event the student has been identified as Learning Disabled, the Team Report shown as Example #13 must be completed.

All records pertaining to the special education student must be maintained separately from the regular cumulative folders and a list of personnel authorized to have access to those recrods must be displayed on the drawer of the locked container. Each student folder must have a Record of Access (Example #14) attached to the left inside cover and all personnel that review the material contained in the folder must complete an entry on the Record of Access. Additionally, when a record is transferred to another agency, the example shown as #15 must be completed.

When all of the above steps have been completed and all members of the Child Study Evaluation Team have agreed that the student will be placed in a special education program, the Student Record Checklist (see Example #16) should be completed to insure that all requirements have been met.

By following the steps shown in the Child Study Evaluation Team Brochure, it is believed that the identification, screening and referral process will be greatly improved and that a quality special education program at all levels will be achieved.

U.S. Government Printing Office: 1974 534-417

HSA-199-1 (Formerly HSM-199-1)
1-74

PATIENT REFERRAL NOTICE

INSTRUCTIONS (This form may be used by Medical, Dental, and Paramedical personnel to refer DIH Beneficiaries for medical, dental or related services.)

1. TO (Name, title, and address of person or organization or institution to whom referral is made.)

2. NAME OF PATIENT (Last Name, First Name, Middle Name)
3. SEX
4. BIRTHDATE

5. REGISTRATION NO.
6. ADDRESS
7. TRIBE
8. RESERVATION

9. ADDITIONAL IDENTIFICATION

10. REASON FOR REFERRAL (Type of service requested)

11. SIGNIFICANT MEDICAL OR DENTAL FACTORS (Including diagnosis, prognosis, treatment, etc.)

12. REPORT BY PARAMEDICAL PERSONNEL

13. FROM (Name, title, and address of person making referral)
14. DATE

Example #1

FORT DEFIANCE OFFICE OF EDUCATION

PREVIOUS PSYCHOEDUCATIONAL EVALUATION SUMMARY

NAME ______________________ DATE ______________________

CEN __________ GRADE __________ BY ______________________

DOB ______________________

1. CTBS Data (2 previous tests):

2. Last Report Grades:

3. Other Test Data:

CONFIDENTIAL

FDOE Form # SE-20

EXAMPLE #2

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FORT DEFIANCE OFFICE OF EDUCATION

EDUCATIONAL SUMMARY

NAME ______________________________ DATE ______________________________

CEN ____________ GRADE ____________ BY ______________________________

DOB ______________________________

1. Educational History at LEA:

2. Modification of Regulary Classroom:

3. Other Types of Remediation Provided:

CONFIDENTIAL

FDOE Form # SE-22

EXAMPLE #3

FORT DEFIANCE AGENCY
OFFICE OF EDUCATION
CLASSROOM OBSERVATION
(Individual Student)

Student: ______________________________ Date: ____________________

Time: __________ Teacher: ____________________ Room # __________

1. Handedness: R or L

2. Activity: ____

____

3. Attention Span: (1.) __________ Sec./Mins. (2.) __________ Sec./Mins.

Distractiability: Auditory ______________________________

Visual ______________________________

BOTH ______________________________

4. Oral Participation: ______________________________

____

5. Behavior: Withdrawn: _____ Agressive: _____ Hyperactive: _____

Distractable: _____ Other: ______________________________

____

6. Peer Relation: ______________________________

7. Teacher/Aide Relation: ______________________________

8. Language: (Teacher/Sutdent) ______________________________

OTHER COMMENTS: ______________________________

____

____

FDOOE FORM # SE-8

EXAMPLE #4

FORT DEFIANCE OFFICE OF EDUCATION

FAMILY HISTORY

NAME ______________________ DATE ______________________

CEN __________ GRADE __________ BY ______________________

DOB ______________________

1. Significant Medical Problems:

2. History of Child Abuse:

3. History of Alcohol Abuse - Parents - Child:

4. Home Living Conditions:

CONFIDENTIAL

FDOE Form # SE-21

EXAMPLE #5 (Short Form)

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CONFIDENTIAL

Family History

Date ____________

Name of Student ______________________ DOB ____________ C# ____________
Last First Middle

Address ______________________ City ______________ State ________

Place of Birth ______________________________ Degree Indian ________
City State

First year enrolled in school ________ ______________________________
Year Where

Name of Father ______________________ DOB ____________ C# ____________
Last First Middle

Address ______________________ City ______________ State ________

Name of Mother ______________________ DOB ____________ C# ____________
Last First Middle

Address ______________________ City ______________ State ________

Names of other children in the family:

______________________ DOB ____________ Grade ____ C# ____
Last First Middle

______________________ DOB ____________ Grade ____ C# ____
Last First Middle

______________________ DOB ____________ Grade ____ C# ____
Last First Middle

______________________ DOB ____________ Grade ____ C# ____
Last First Middle

______________________ DOB ____________ Grade ____ C# ____
Last First Middle

______________________ DOB ____________ Grade ____ C# ____
Last First Middle

______________________ DOB ____________ Grade ____ C# ____
Last First Middle

Legal Guardian ______________________ DOB ____________ C# ____________
Last First Middle

Address ______________________ City ______________ State ________

EXAMPLE #5 (Long Form)

Family History (Cont.)

Language spoken in home ____

Former places of residence:

From ____ To ____ Address ____

From ____ To ____ Address ____

Health History

(To be completed from information obtained from the parents and/or school and health records:)

Name of Student ____ Date ____

Address ____ City ____ State ____

DOB ____ C# ____ School ____

Clinic ____

I. Immunication Record:

Disease	Date of Immunication	Disease	Date of Immunization
Smallpox	____	Whooping cough	____
Diphtheria	____	Influenza	____
Scarlet Fever	____	Polio	____
Tetnus	____	Other	____
Typhoid	____		

II. Tuberculosis -- Mantoux Test (skin test) ____ Pos. ____ Neg. x ray ____ Results

Remarks: ____

____

III. Vision - Hearing

	Date of exam	Test used	Test findings	Examiner
Vision	____	____	R ____ L ____	____
Hearing	____	____	R ____ L ____	____

Health History (Cont.)

Recommendations:

IV. Background Information:

A. Were there any unusual circumstances about the birth of the child? (Premature, Breech delivery, Parent alcoholism, Parent drug use, other.)

B. Has the child ever had a high fever for more than one day? Yes ______ No ______

How often? ______ How long did it last? ______

C. When was the last time the child was seen by a medical doctor? ______

What doctor? ______ Where ? ______

For what reason? ______

D. Does the child have regular physical check-ups? Yes ______ No ______

Name of Doctor ______ Address ______

City ______ State ______ Date of last check-up ______

E. Has the child every been hospitalized? If so, how long, when, and for what reason?

F. Has the child ever had surgery? Yes ______ No ______ If yes, give reason and date.

Doctor ______ Place ______

Health History (Cont.)

G. List any other accidents and illnesses the child has had and their dates:

Illness	Dates

H. Does the child have:

______ Allergies
______ Dizzy Spells
______ Headaches
______ Asthma
______ Other
______ Heart Condition
______ Sinus Trouble
______ Epileptic Seizures
______ Other

Any other conditions which would be important for the school to know ______

I. Is the child under any form of medication at the present time? Yes ______
No ______ If yes, for what reason? ______

J. Is the child to be restricted in any school activities because of health?
Yes ______ No ______ If yes, what activity and for what reason? ______

K. Does the child have a physical handicap? Yes ______ No ______
If yes, what type of handicap ______

V. Educational - Psychological Evaluation

	Date of exam	Test used	Test results	Examiner
A. Educational				

Health History (Cont.)

B. Psychological ____________ ____________ ____________ ____________

____________ ____________ ____________ ____________

____________ ____________ ____________ ____________

____________ ____________ ____________ ____________

C. Recommendations ____________ ____________ ____________ ____________

____________ ____________ ____________ ____________

____________ ____________ ____________ ____________

D. Observations

Date	Examiner	Results

E. Comments---

Health Record Release Form

I hereby give my permission for counselors, special education teachers, teachers and principals, who are associated directly with my child, (name) ____________________________, to review my child's health records at the Public Health Clinic and/or Hospital.

____
Parent or Legal Guardian (Signature)

Date ________________

____
Witness (Signature)

Date ________________

OFFICE OF EDUCATION
FORT DEFIANCE AGENCY
Fort Defiance, Arizona 86504

PARENTAL CONSENT FOR ANNUAL ASSESSMENT/EVALUATION/EXAMINATION

This is to certify that I, ______________________________
Parent/Guardian - Name (Typed)

hereby agree to allow my child/ward, ______________________________
Name - (Typed)

to receive Assessment(s), Examination(s), or Evaluation(s), as deemed necessary during the _________ school year in the interest of furthering my child's education or educational placement.

REPRESENTATIVE EXAMPLES OF TESTING THAT MAY BE ADMINISTERED

TYPE	AGENCY/PRACTITIONER
1. Psychoeducational Testing	Agency Diagnosticians
2. CTBS	School Staff
3. Individual Achievement Test	School Staff
4. Vision and Hearing Test	School Staff

The above services have been fully defined and explained to me and I am satisfied with the explanation of why the(se) services may be necessary as presented by:

______________________________ ______________________________
Name - (Typed) Official Title - (Typed)

I hereby certify that I have been advised of my rights to inspect all relevant educational assessment records pertaining to my child, to question such records, and to obtain copies of them. I further understand that I have the right to obtain an independent evaluation of my child and to request an impartial due process hearing regarding the evaluation in case of disagreement. Aware of these rights, I give my permission for my child to be assessed for possible Special Education placement if necessary during the _________ school year.

I further understand that neither my child's/ward's name nor my name will be used in any form that will violate our rights to privacy, confidentiality, or anonymity, and that if the results of the assessment(s) are negative that all records will be destroyed. I also understand that I will be advised of any assessment(s) given to my child and will be afforded the opportunity to review them and participate in the placement of my child as well as the development of the individual educational plan.

Signature ______________________________ ______________________________
Parent/Guardian Date

Interpretation was ☐ / was not ☐ provided

Witnessed ______________________________ ______________________________
Interpreter Date

I, the undersigned, have defined, and fully explained, the proposed assessment(s) and explained why assessment(s) is necessary.

Signature ______________________________ ______________________________
Superintendent/Designated Representative Date

cc: Parent/Guardian

FDOOE FORM # SE-1

EXAMPLE #7

Fort Defiance Office of Education LEA Assessment
Check List

Name: ____________________ School: ____________________

DOB: ____________________ Grade: ____________________

SES #: ____________________ Referral Source: ____________________

DOCUMENTATION	YES	NO	LOCATION
1. Modification of regular program			
A. Peer Tutoring			
B. Individualization			
C. Title I Services			
D. Team Learning			
E. Contracting			
F. Other (Specify) ____________________			
2. Screening			
A. Vision			
B. Hearing			
C. General Physical			
D. Academic			
A. Formal			
1. List Instruments Used			
a.			
b.			
c.			
d.			
B. Informal			
1. List Types Used			
a.			
b.			
c.			
d.			
3. Classroom Observation			
A. FDOE Forms & SES			
B. Other Forms (Specify)			
a.			
b.			
c.			
4. Family/Social History (Includes Brief Educational Experience History)			
5. Arizona Screening Scale			
6. Counseling Efforts (Academic/Guidance)			
A. Case Summaries			
B. Other Applicable Documentation			

FDOE Form # SE-18

EXAMPLE #8

7. Dormitory Observation (If Applicable)
   A. Relationship to Peers
   B. Relationship to Aids
   C. Response to Directions
   D. Performance of Details
   E. Problem Areas

8. Parental Permission to Conduct Individual Psychoeducation Evaluations

9. Written Summary of Data collected
   A. Recommendation to
      1. Evaluate Further
      2. Re-evaluate
      3. Other Alternatives

   B. Reasons for Recommendation

   C. Summary of Information

   D. Statement from current teacher(s) agreeing or disagreeing with recommendation

10. Other Information (Specify)

Multidisciplinary Committee Chairman

FDOE Form # SE-18

EXAMPLE #8

Special Education
Page 1 of 3

BUREAU OF INDIAN AFFAIRS

Student Screening Scale
PRESCHOOL AND KINDERGARTEN LEVEL - SHORT FORM A

Child's Name: ______________________________ Date Rated: ___/___/___
Last First Middle

School: ______________________ SES # ________ Grade: ________ Sex: F M

Teacher - Rater: ______________________________ Date Enrolled: ___/___/___

Will you kindly review the records, current performance, and educational progress of this student and give consideration to the student as a candidate for placement in a special education program for exceptional children in light of Bureau of Indian Affairs standards for identification and placement. Complete this form and return it to your school principal no later than ___/___/___/

CHECK (✓) ANY OF THE CHARACTERISTICS BELOW WHICH APPLY TO THIS STUDENT:

READINESS SKILLS UNDERDEVELOPED

( ) Self-Feeding, Washing Delayed
( ) Self-Dressing, Toileting Delayed
( ) Language Development Delayed
( ) Basic Information Deficient
( ) Reading Readiness Delayed
( ) Number Knowledge Lacking
( ) Drawing/Copying Skills Poor
( ) Writing Name, Alphabet, etc., Delayed
( ) Fine Motor Skills Underdeveloped (cut, paste, etc.)
( ) Gross Motor Skills Delayed (hop, balance, etc.)
( ) Slow, Disabled Learner.

HEALTH IMPAIRMENTS

( ) Visual Problems Suspected
( ) Hearing Problems Suspected
( ) Crippling Condition ______________
( ) Dental Problems
( ) Specific Health Problem ______________
( ) Physical Fitness Poor
( ) General Health Poor
( ) Personal Hygiene

SPEECH IMPAIRMENTS

( ) Articulation Difficulties
( ) Stuttering
( ) Other ______________________

BEHAVIORAL PROBLEMS

( ) Withdrawn Seriously
( ) Aggressive Behaviors
( ) Emotionally Immature
( ) Dependent Behaviors
( ) Hyperactive Behaviors
( ) Classroom Discipline Problem
( ) Peer Relations Inadequate
( ) Short Attention Span
( ) Self-Concept Poor

( ) Motivation Inadequate

( ) Attendance Poor

BACKGROUND FACTORS

( ) History of Developmental Delay
( ) History of Behavioral Problems
( ) History of Academic Problems
( ) History of Environmental Disadvantage
( ) Cultural Divergence Compounds Problem
( ) Multilingualism Compounds Problem
( ) Cultural Divergence Explains Problem
( ) Multilingualism Explains Problem

GIFTEDNESS

( ) Intellectually Gifted
( ) Outstanding Talent ____________
( ) Scholastic Achievement Outstanding

EXAMPLE #9

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Based upon this review, check one of the four boxes below and sign this form.

_____ Student may be gifted and/or exceptionally talented. I have completed and attached a referral form for the gifted and talented.

_____ Student is progressing adequately and there are no significant teacher observed signs of a handicapping condition.

_____ Student is progressing inadequately but there are no significant teacher observed signs of a handicapping condition. Educational disadvantage, language, lack of exposure, or other problems probably explain his difficulties. I recommend________________
____
____

_____ Student is progressing inadequately and/or there are some significant teacher observed signs of a handicapping condition. I have completed and attached a detailed rating scale and/or a referral form on this student. I recommend that this student be considered as a candidate for an educational evaluation to determine eligibility for special education.

____
Teacher's Signature

EXAMPLE #9

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STUDENT REFERRAL Page 3 of 3

(Complete when appropriate and return to school principal.)

Name:______________________________ Date Rated:____/____/____
Last First Middle

School:____________________ Grade:__________ DOB:____/____/____

Teacher:____________________ Census #__________ CA:____/____

---

1. Briefly describe in specific terms the academic behavioral, health, and/or speech characteristics which you checked as problems on the first page of this form. (Describe signs of giftedness or outstanding talent if appropriate.)

2. Briefly describe the language and ethnicity of the child and home. Indicate whether multilingualism, cultural divergence, or suspected educational disadvantages are: 1) irrelevant, 2) explanatory, or 3) compounding factors as far as this student is concerned.

3. What do you think caused and/or maintains the student's problems?

4. What special attempts have the school and you made to remediate the student's problems or enrich his education?

5. Describe the student's current academic and behavioral functioning in the classroom - estimate grade equivalence, especially in basic skill areas. Attach samples of student's work and give recent test scores. Discuss strengths as well as weaknesses.

6. What specific questions would you like answered through the disgnostic evaluation?

____
Teacher's Signature

EXAMPLE #9

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Special Education
Page 1 of 3

BUREAU OF INDIAN AFFAIRS

Student Screening Scale
ELEMENTARY LEVEL - SHORT FORM B

Child's Name:______________________________ Date Rated:___/___/___
Last First Middle

School:______________________SES #____________ Grade:_____ Sex: F M

Teacher - Rater:______________________________ Date Enrolled:___/___/___

Will you kindly review the records, current performance, and educational progress of this student and give consideration to the student as a candidate for placement in a special education program for exceptional children in light of Bureau of Indian Affairs standards for identification and placement. Complete this form and return it to your school principal no later than ___/___/___.

CHECK (✓) ANY OF THE CHARACTERISTICS BELOW WHICH APPLY TO THIS STUDENT

ACADEMIC UNDERACHIEVEMENT

( ) Self-Help Skills (dress, eat, etc.) Delayed
( ) Readiness Skills Delayed
( ) Oral Participation Below Expectancy
( ) Reading Skills Delayed
( ) Handwriting Skills Poor
( ) Spelling Skills Deficient
( ) Classroom Seat Work Unsatisfactory
( ) Arithmetic Skills Delayed
( ) Subject Matter Knowledge Weak__________
( ) Physical Coordination Skills Underdeveloped
( ) Slow, Disabled Learner

BEHAVIORAL PROBLEMS

( ) Withdrawn Seriously
( ) Aggressive Behaviors
( ) Emotional Immaturity/Liability
( ) Hyperactive Behavior
( ) Distractible Behaviors
( ) Classroom Discipline Problem
( ) Peer Relations Inadequate
( ) Self-Concept Poor
( ) Independent Work Skills Inadequate
( ) Motivation Inadequate
( ) Attendance Poor

HEALTH IMPAIRMENTS

( ) Visual Problems Suspected
( ) Hearing Problems Suspected
( ) Cripping Condition______________
( ) Dental Problems
( ) Specific Health Problem____________
( ) Physical Fitness Poor
( ) General Health Poor
( ) Personal Hygiene

BACKGROUND FACTORS

( ) History of Developmental Delay
( ) History of Behavioral Problems
( ) History of Academic Problems
( ) History of Environmental Disadvantage
( ) Cultural Divergence Compounds Problem
( ) Multilingualism Compounds Problem
( ) Cultural Divergence Explains Problem
( ) Multilingualism Explains Problem

SPEECH IMPAIRMENTS

( ) Articulation Difficulties
( ) Stuttering
( ) Other________________________

GIFTEDNESS

( ) Intellectually Gifted
( ) Outstanding Talent__________
( ) Scholastic Achievement Outstanding

EXAMPLE #9

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Bureau of Indian Affairs

Based upon this review, check one of the four boxes and sign this form.

____ Student may be gifted and/or exceptionally talented. I have completed and attached a referral form for the gifted and talented.

____ Student is progressing adequately and there are no significant teacher observed signs of a handicapped condition.

____ Student is progressing inadequately but there are no significant teacher observed signs of a handicapping condition. Educational disadvantage, language, lack of exposure, or other problems probably explain his difficulties. I recommend ____________________

____

____

____ Student is progressing inadequately and/or there are some significant teacher observed signs of a handicapping condition. I have completed and attached a detailed rating scale and/or a referral form on this student. I recommend that this student be considered as a candidate for an educational evaluation to determine eligibility for special education.

____
Teacher's Signature

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STUDENT REFERRAL

(Complete when appropriate and return to school principal.)

Name: ______________________________ Date Rated: ___/___/___
Last First Middle

School: ____________________ Grade: ________ DOB: ___/___/___

Teacher: ____________________ Census # ________ CA: ___/___

1. Briefly describe in specific terms the academic behavioral, health, and/or speech characteristics which you checked as problems on the first page of this form. (Describe signs of giftedness or outstanding talent if appropriate.)

2. Briefly describe the language and ethnicity of the child and home. Indicate whether multilingualism, cultural divergence, or suspected educational disadvantages are: 1) irrelevant, 2) explanatory, or 3) compounding factors as far as this student is concerned.

3. What do you think caused and/or maintains the student's problems?

4. What special attempts have the school and you made to remediate the student's problems or enrich his education?

5. Describe the student's current academic and behavioral functioning in the classroom - estimate grade equivalence, especially in basic skill areas. Attach samples of student's work and give recent test scores. Discuss strengths as well as weaknesses.

6. What specific questions would you like answered through the disgnostic evaluation?

____
Teacher's Signature

EXAMPLE #9

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Page 1 of 2

Special Education

BUREAU OF INDIAN AFFAIRS

To: ______________________________ Date: ____________________

Name of Student: __________________________ SES #: ________________

The assessment(s), examination(s), or evaluation(s) for which you gave your consent have been completed. The results indicate that:

( ) No placement in special education programs or services is recommended at this time.

or

( ) A planning meeting for the purpose of developing, reviewing, and/or revising an IEP (Individualized Education Program) for your child is recommended.

It is important that you participate in this meeting. We would like to schedule the meeting at a mutally agreed-upon time and place. We suggest the following schedule. If this is not agreeable to you, please let us know immediately so we can change the date, time or place.

Date: ____

Time: ____

Place: ____

Purpose: ______________________________________

Participants in Meeting:

1. A representative of the school: ____________________
2. The child's teacher: ____________________
3. One or both parents: ____________________
4. The child, where appropriate: ____________________
5. Evalaution personnel representative: ____________________
6. Other individuals at the discretion of the parents or the school: ____________________

Interpretation ( ) was not provided.
( ) was provided.

To be completed by interpreter when message is delivered to home:
( ) Parent agreed to schedule above.
( ) Parent wished to change schedule as indicated above.

WITNESSED: ______________________________
Interpreter

____
Principal

EXAMPLE #10

NOTICE TO PARENTS/GUARDIANS

The attached notice is being sent to you to explain all of the procedural safeguards available to you under the law. You are being notified, in writing, and are being given the opportunity to attend and participate in the meeting to be held to determine if your child needs special education and related services, and/or to develop an appropriate program in the least restrictive environment to meet your child's needs. If you do not attend this meeting, a copy of the individualized education program developed for your child will be sent to you. Prior to placement of your child in a special education program, your consent must be obtained.

EXAMPLE #10

Page 1 of 2
Special Education

BUREAU OF INDIAN AFFAIRS

PARENT CONSENT - SPECIAL EDUCATION PLACEMENT AND SERVICES

EDUCATIONAL APPRAISAL AND REVIEW COMMITTEE:
The following persons have been consulted regarding placement of ______________________ (Name of Student) in a special education program. We agree that the student should be placed in a special education program for ______________________ (type of handicap).

Note: If the placement is because the student is eligible for special education as a Specific Learning Disabled, the Specific Learning Disability Evaluation and Placement form must be attached.

Name	Position	Signature	Date

PARENTAL CONSENT

This is to Certify that I, ______________________, hereby
Parent or Guardian (Typed)
agree to have my child/ward, ______________________, placed
Name (Typed)
in ______________________ operated by ______________________
Program/Service Agency/School/Other Location
for a period not to exceed three (3) years from the date of execution of this consent. I understand at the end of that period my child/ward will be reevaluated and that I will be given the recommendations for placement and further consent. I also understand that this placement will be reviewed at least annually. I have been informed of the placement options and agree that the placement decision conforms with the least restrictive environment requirements. I also understand that the procedural safeguards listed on the attached form are available to me in the event that I disagree with the placement of my child/ward.

____ I AGREE to the placement in the Special Education Program as described above.

______________ ______________________
Date Signature of Parent/Guardian

____ I DO NOT AGREE to the placement in the Special Education Program described above.

______________ ______________________
Date Signature of Parent/Guardian

EXAMPLE #11

Interpretation _____ was OR _____ was not provided.

Witnessed: ____ _______________
Interpreter Date

I, the undersigned, have defined and fully explained the recommended placement of the above named student and the parent or guardian as witnessed above, consents to the placement of their child/ward in the program service(s) stated. I have also reviewed the attached Parent Rights and Responsibilities procedural safeguards with the parent or guardian.

EXAMPLE #11

NAVAJO AREA S[illegible]L EDUCATION

2-79

DATE OF IEP ______________

Annual Review Date ______________

INDIVIDUAL EDUCATION PROGRAM

Student: ______________ Grade: ______ D.O.B. ______________ C.A. ______ Address: ______________ I.D. No. ______

School: ______________ Teacher: ______________ Program Placement: ______________

I. ANNUAL GOALS	II. PRESENT LEVEL OF EDUCATIONAL PERFORMANCE	III. PERIODIC OBJECTIVES	IV. STARTING DATE	V. ESTIMATED COMPLETION DATE	VI. PERSON RESPONSIBLE	VII. EVALUATION RESULTS (LIST OBJECTIVES COMPLETED BY TEACHER)
STEP NO. ______	NUMBER:	NUMBERS:				
STEP NO. ______	NUMBER:	NUMBERS:				
STEP NO. ______	NUMBER:	NUMBERS:				
STEP NO. ______	NUMBER:	NUMBERS:				
STEP NO. ______	NUMBER:	NUMBERS:				
VIII. STEP NO. 8101 PLACEMENT IN LEAST RESTRICTIVE ENVIRONMENT	NUMBER:	NUMBERS:				

Example #12

IX. SPECIFIC EDUCATIONAL SERVICES

X. LOG OF PARENT CONTACT

XI. RELATED SERVICES

XII. PARENT AUTHORIZATION

I consent to the Placement and the program as contained in the IEP

☐ do consent to the Program
☐ do not consent to the Program

______________ Parent Signature ______________ Date

XIII. ENDORSEMENTS

Name	Title	Name	Title
Name	Title	Name	Title
Name	Title	Name	Title

DISTRIBUTION
White: Cum Folder
Canary: Teacher
Pink: Agency
Gold: Parent

Page 1 of 1

FORT DEFIANCE AGENCY
OFFICE OF EDUCATION
MULTIDISCIPLINARY EVALUATION TEAM
REPORT OF SPECIFIC LEARNING DISABILITIES

NAME OF STUDENT ______________________________ GRADE ____________

HOME ADDRESS ____

SCHOOL ______________________________ TEACHER ______________

DATE OF MEETING ____________________________ TIME ______________

LOCATION OF MEETING ____

THIS TEAM HAS DETERMINED THAT ______________________ HAS A SPECIFIC LEARNING DISABILITY. THIS DETERMINATION IS BASED UPON THE FOLLOWING:

____

____

____

WHILE ____________________ WAS BEING OBSERVED BY ______________ IN HIS/HER __________________________, THE FOLLOWING RELEVANT BEHAVIOR WAS OBSERVED: ____

____

THIS BEHAVIOR HAS THE FOLLOWING RELATIONSHIP TO ______________ ACADEMIC FUNCTIONING: ____________________________________

____

____

THE MEDICAL FINDINGS LISTED BELOW ARE CONSIDERED EDUCATIONALLY RELEVANT:

____

____

____

____

FDOOE FORM # SE-9

EXAMPLE #13

____________________ EXHIBITS A SEVERE DISCREPANCY BETWEEN ACHIEVEMENT AND ABILITY IN THE AREAS OF: ____

AS INDICATED BY: ____

THE TEAM BELIEVES THE SEVERE DISCREPANCY BETWEEN ACHIEVEMENT AND ABILITY IS NOT CORRECTABLE WITHOUT SPECIAL EDUCATION AND RELATED SERVICES.

____________________ HAS BEEN PROVIDED WITH THE APPROPRIATE REGULAR EDUCATION EXPERIENCES LISTED BELOW (DESCRIBE HOW THE CHILD FUNCTIONED IN THESE EXPERIENCES): ____

THE TEAM HAS DETERMINED THAT ECONOMIC DISADVANTAGE, CULTURAL AND ENVIRONMENTAL FACTORS ARE PRIMARILY THE CAUSE OF THE LEARNING DISABILITY BASED UPON

I CERTIFY THAT I CONCUR WITH THE CONCLUSIONS WRITTEN IN THIS REPORT. THE ATTACHED STATEMENT REPRESENTS MY CONCLUSIONS REGARDING THE CASE OF ____________________.

NAME	DISCIPLINE

FDOOE FORM # SE-9

EXAMPLE #13

I CERTIFY THAT I DO NOT AGREE WITH THE CONCLUSIONS WRITTEN IN THIS REPORT. THE ATTACHED STATEMENT REPRESENTS MY CONCLUSIONS REGARDING THE CASE OF __________________________.

NAME	DISCIPLINE

FDOOE FORM # SE-9

EXAMPLE #13

110

BUREAU OF INDIAN AFFAIRS

RECORD OF ACCESS

STUDENT'S NAME:__________________________ S.E.S. No.:_______________

Access Date	Party Accessing Records	Type of I.D. Presented	Purpose of Access	Date & Signature of Employee Verifying I.D.

EXAMPLE #14

BUREAU OF INDIAN AFFAIRS

TRANSFER OF RECORD(S) FORM

REQUESTOR: Name: ______________________________

Address: ______________________________

REQUESTED FROM: Name: ______________________________

Address: ______________________________

Student: Name: ____________________ S.E.S. No.: __________

Parent/Guardian: ______________________________

Purpose: ____ Routine Transfer

____ Evaluation

____ Due Process

____ Other (Specify) ______________________________

____

This is to certify that I do hereby agree to the release of educational records (defined as any information used to make a decision regarding special education for my child) with the understanding that they will be released only for the purpose stated above and only to the person/institution stated above.

______________	______________________________
Date	Parent, Guardian or Eligible Student

The undersigned releases these records with the understanding that they are being released only for the purpose stated above and only to the person/institution stated above.

______________	______________________________
Date	Authorized School Official

EXAMPLE #15

Date: ________________

STUDENT RECORD CHECKLIST

MINIMUM REQUIREMENTS:

____ 1. Referral request.

____ 2. Signed parent consent for evaluation with content of notice.

____ 3. Evaluation information that is:

  ____ a. Dated within past three years.

  ____ b. Administered by qualified multidisciplinary group of persons.

  ____ c. Administered in primary language.

  ____ d. Reviewed by multidisciplinary team or group of persons.

  ____ e. Validated for specific purposes for which tests were used.

  ____ f. Child assessed in all areas related to suspected handicap.

____ 4. Learning Disability Eligibility Report (where applicable).

  ____ a. Team composition.

  ____ b. Assessment criteria used.

  ____ c. Observation results.

  ____ d. Written report.

    ____ 1. Clear statement of diagnosis of LD.

    ____ 2. Explanation of procedures used to assess.

    ____ 3. Statement of need for special education.

    ____ 4. Signed by all team members.

____ 5. Individualized Education Program (IEP).

  ____ a. Date written or reviewed is within the last year.

EXAMPLE #16

____ b. Participants at meeting.

____ 1. Parent(s) or documentation of school's attempt to involve parents.

____ 2. Teacher.

____ 3. Student (where appropriate).

____ 4. Member of evaluation team or someone who can interpret the evaluation results for first IEP after assessment/reassessment.

____ 5. Supervisory representative.

____ 6. Any other.

____ c. Content of IEP.

____ 1. Present educational performance levels.

____ 2. Annual goals.

____ 3. Short term objectives.

____ 4. LRE

____ 5. Special education services to be provided.

____ 6. Related services to be provided.

____ 7. Extent to which child will be able to participate in regular programs.

____ 8. Dates of initiation and duration.

____ 9. Evalution procedures to determine if short-term objectives are being achieved.

____ 6. Signed parent consent for placement with content of notice.

____ 7. Placement decision that is:

____ a. Result of information obtained from a variety of sources.

____ b. Made by group of persons, including persons knowledgeable about child, meaning of evaluation data and placement options.

____ c. In accordance with IEP.

EXAMPLE #16

____ d. Made in conformity with least restrictive environment (LRE).

____ e. Determined at least annually.

____ 8. Confidentiality Safeguards.

____ a. List of persons with access posted in agency.

____ b. Secure records.

____ c. Trained person in charge of records.

____ d. Record of access in each folder.

____ 1. Name.

____ 2. Date of access.

____ 3. Purpose.

____ 9. Release of record consent (where applicable).

____10. Parental consent for any substantial re-evaluation before a substantial change in placement (where applicable).

____11. Optional Records:

1. Medical history when not required for appropriate placement.
2. Social history.
3. Student's written work.
4.
5.
6.
7.

EXAMPLE #16

U.S. Government Printing Office: 1974 534-417

HSA-199-1 (Formerly HSM-199-1)
1-74

PATIENT REFERRAL NOTICE

INSTRUCTIONS (This form may be used by Medical, Dental, and Paramedical personnel to refer DIH Beneficiaries for medical, dental or related services.)

1. TO (Name, title, and address of person or organization or institution to whom referral is made.)

Indian Health Services

2. NAME OF PATIENT (Last Name, First Name, Middle Name) *John*	3. SEX *M*	4. BIRTHDATE *8-16-70*

5. REGISTRATION NO. *0000*	6. ADDRESS *Fort Defiance, Arizona*	7. TRIBE *Navajo*	8. RESERVATION

9. ADDITIONAL IDENTIFICATION

10. REASON FOR REFERRAL (Type of service requested)

John's teacher has recently become concerned about his below average academic performance and tendency to be withdrawn in class. We are requesting a vision and hearing evaluation to determine if there is any possibility that problems in these areas may be contributing to his difficulties in school.

11. SIGNIFICANT MEDICAL OR DENTAL FACTORS (Including diagnosis, prognosis, treatment, etc.

A recent review of John's cumulative record indicated he was last screened for vision and hearing problems two years ago at ____________ School. At that time, there was no evidence to suggest he was having difficulty hearing or seeing.

12. REPORT BY PARAMEDICAL PERSONNEL

13. FROM (Name, title, and address of person making referral)	14. DATE

Example #1

FORT DEFIANCE OFFICE OF EDUCATION

PREVIOUS PSYCHOEDUCATIONAL EVALUATION SUMMARY

NAME *John* DATE *11-20-80*

CEN ______ GRADE *5th* BY ______

DOB *5-16-70*

1. CTBS Data (2 previous tests):

S, - 1980		*S, - 1979*	
Reading	*2.3*	*Reading*	*1.5*
Math	*1.5*	*Math*	*1.4*
Language	*3.8*	*Language*	*2.5*

2. Last Report Grades:

Reading - F
Math - F
Social Studies - C
Science - D
Physical Ed. - B
Art - C

3. Other Test Data:

None

CONFIDENTIAL

FDOE Form # SE-20

EXAMPLE #2

FORT DEFIANCE OFFICE OF EDUCATION

EDUCATIONAL SUMMARY

NAME *John*

DATE *11-20-80*

CEN *000* GRADE *5th*

BY

DOB *8-16-70*

1. Educational History at LEA:

This is John's first year at _______ School. Academically, his teacher has been concerned about his slow progress in reading and math. She is also concerned about his behavior. John does not like to participate in class activities. When called by the teacher, he participates reluctantly. Typically, in this situation, he speaks in a low voice and does not look at the teacher. Also, John has not made many friends among his peers. He prefers to stay to himself and if pressed by other children, may become angry.

2. Modification of Regulary Classroom:

John's teacher has tried sitting him in the front of the room and encouraging him to participate in class. She has also asked several of the more popular students to befriend him, however, to date, their efforts appear to have had no effect.

3. Other Types of Remediation Provided:

To help John with his math and reading, the teacher has had her aide spend 1 hour per day with him working on special assignments. Progress during these lessons has been slow because John does not like the lessons, and the aide must use a great deal of coaxing to get him to respond at all.

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FDOE Form # SE-22

EXAMPLE #3

FORT DEFIANCE AGENCY
OFFICE OF EDUCATION
CLASSROOM OBSERVATION
(Individual Student)

Student: *John* Date: *11-20-80*

Time: *9:00 a.m.* Teacher: *Mrs. Smith* Room # *000*

1. Handedness: R or L

2. Activity: *Reading*

3. Attention Span: (1.) *4 min.* (2.) *3 min. 45 sec.*

Distractiability: Auditory *No*

Visual *No*

BOTH

4. Oral Participation: *John never volunteered to participate and when called on, spoke reluctantly in a low voice and without making eye contact.*

5. Behavior: Withdrawn: *yes* Agressive: *yes* Hyperactive: *no*

Distractable: *no* Other:

6. Peer Relation: *He never initiated interaction with other children, and withdrew or became openly hostile when approached by other children.*

7. Teacher/Aide Relation: *The only interaction occurring here was when his teacher called on him during the reading lesson; he participated reluctantly.*

8. Language: (Teacher/Sutdent) *English/English*

OTHER COMMENTS: *Based on observation in the classroom today, John appears to be a withdrawn child whose interactions with the rest of the class are limited to reluctant participation when called on by the teacher. When the teacher tried to include John, he became defiant, and retreated from the group. As the teacher became more attentive to John, the more he backed away from her.*

FDOOE FORM # SE-8

EXAMPLE #4

FORT DEFIANCE OFFICE OF EDUCATION

FAMILY HISTORY

NAME *John* DATE *9-28-80*

CEN ____ GRADE *5th* BY ____

DOB *8-16-70*

1. Significant Medical Problems:

   None

2. History of Child Abuse:

   None

3. History of Alcohol Abuse - Parents - Child:

   None

4. Home Living Conditions:

   John lives in a three bedroom framed house with his mother, and older brother, and younger sister. His father has worked on the other side of the state since last Spring and is rarely present in the home. The home is well kept and John shares a room with his brother. John's mother reports that typically he does not go out to play with the other children in the neighborhood. She has tried to encourage him to do so, but he prefers to stay to himself playing alone in his room. It appears, from the mother's report, that John has always preferred to stay to himself, but that this tendency has gotten worse since his father took a job across the state. Also since the father's absence, John has not gotten along very well with his brother. The two, when together, are always fighting.

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FDOE Form # SE-21

EXAMPLE #5 (Short Form)

TEACHER RATING SCALE
For The Survey of Children With Exceptional Educational Needs
Grades K through 8

Name *John* Age *10* Grade. *5th*

Teacher *Mrs. Smith* School ________ District ________

Please rate each item on a scale of 1 to 5 utilizing the following criteria:

1. The child does not exhibit this performance or conduct
2. The child seldom exhibits this performance or conduct
3. The child occasionally exhibits this performance or conduct
4. The child frequently exhibits this performance or conduct
5. The child consistently exhibits this performance or conduct

1. Functions below present grade placement in reading.---- 5
2. Becomes more excited than other students.-------------------- 2
3. Functions below present grade placement in spelling.--- 3
4. Is hyperactive and restless, can't sit still.---------------- 1
5. Has trouble holding on to objects.------------------------------------ 1
6. Functions below present grade placement in arithmetic.- 5
7. Exhibits explosive and unpredictable behavior.-------------- 3
8. Exhibits poor coordination in sports and games.------------------- 1
9. Cannot follow academic directions.------------------- 1
10. Little self control; will speak out or interrupt others.----- 3
11. Handwriting difficult to read.-- 1
12. Fails to grasp simple word meanings.----------------- 1
13. Often over reacts; new situations are disturbing.----------- 3
14. Coloring and paintings are messy.------------------------------------- 1
15. Assignments are incomplete and poorly written.--------- 2
16. Exhibits impulsive behavior.-------------------------------- 1
17. Often disorganized in manner of working.--------------- 5
18. Has difficulty in finding his way or locating objects.------------ 1
19. Cannot work independently.-------------------------- 1
20. Very poor balance.--- 1
21. Seldom participates in group discussions.------------- 5
22. Very poor in manual manipulation.-------------------------------------- 1

28	13	7
A	B	C

Developed by the Arizona State Department of Education
Division of Special Education

23. Speech is unclear and difficult to understand.------------------------- [4]

24. Exhibits erratic, flighty or scattered behavior.------------- [2]

25. Learns from listening, but not from reading.---------------------- [5]

26. Continues activity, cannot shift response.------------- [1]

27. Lacks perseverance, is easily distracted.------------------- [1]

28. Writing is cramped, crowded and laborious.------------------------ [1]

29. Cannot remember instructions.-------------------------- [1]

30. Draws attention to self by his speech.-------------------------------------- [3]

31. Short attention span.-- [1]

32. Does not grasp concept of numbers, space or time.------------------ [5]

33. Uses incomplete sentences with grammatical errors.------ [3]

34. Stutters or stammers frequently.-- [1]

35. Does not complete assignments, changes activity.------------- [1]

36. Overactive, uncontrolled, impulsive behavior.---------------------- [2]

37. Uses immature or improper vocabulary.------------------ [3]

38. Omits sounds to words.--- [1]

39. Can verbally express himself far above his written level.---------- [2]

40. Unable to relate isolated facts.------------------------- [1]

41. Listens, but rarely comprehends well.------------------------- [1]

42. Does not perform well with tasks concerning objects.--------------- [1]

43. Unable to tell a comprehensible story.---------------- [1]

44. Mind often wanders from discussion.--------------------------- [1]

45. Does not use common sense.------------------------------ [2]

46. Can follow verbal instructions but not written ones.--------------- [3]

47. Is clumsy or awkward, breaks or tears things.---------------------- [1]

48. Is unable to call forth the exact word.---------------- [3]

49. Performance is lower than tests indicate it should be.------------ [1]

15	7	21	9
D	E	F	G

50. Speaks in extremely loud or soft voice.------------------------------/5/
51. Withdrawn; doesn't stand up for self.--------------------/5/
52. Exhibits "Don't care" attitude.------------------------------/5/
53. Daydreams.--/2/
54. Complains of earaches or running ears.------------------------------/1/
55. Appears apathetic or underactive.--------------------/3/
56. Takes things that belong to others.------------------------------/1/
57. Is shy, timid, very quiet.--------------------/5/
58. Holds head in peculiar position when spoken to.------------------------------/1/
59. Has little respect for authority.------------------------------/3/
60. Shows preference for working or playing alone.--------------------/5/
61. Appears to hear some things and not hear others.------------------------------/1/
62. Is a bully; picks on others.------------------------------/1/
63. Spends excessive amounts of time on assignments.--------------------/1/
64. Often asks to have words, questions, etc., repeated.------------------------------/1/
65. Is destructive of property.------------------------------/1/
66. Rubs eyes frequently.--/1/
67. Does not express feelings.--------------------/5/
68. Frowns or blinks frequently.--/2/
69. Has little or no interest in school activities.------------------------------/4/
70. Complains of aching or burning eyes.--/1/
71. Is often tardy or truant.------------------------------/1/
72. Tilts head to one side when reading.--/1/
73. Is disobedient or defiant in class.------------------------------/3/
74. Holds book close to face when reading.--/1/
75. Has physical handicap which impedes educational progress in regular classroom. No/X/ Yes/ /

26	19	9	6
H	I	J	K

Fl/kam/05/7.16

TEACHER RATING SCALE
For The Survey of Children With Exceptional Educational Needs
Grades K-8

Name JOHN ——— Age 9 Grade 5 Date 11/15/80

Teacher ___ School ___

		Normal	Salient	Critical
A	Academic Skills	9 10 11 12 13 14 15 16 17 18	19 20 21 22 23 24 26 [✓ 28] 30 31	32 34 36 38 40 42 44 45
B	Impulse Control	6 7 8 9 10 11 12	[✓ 13] 14 15 16 17 18 19 20 21	22 23 24 25 26 27 28 29 30
C	Psychomotor Skills	[✓ 7] 8 9 10 11 12 13 14	15 16 17 18 19 20 21 22 23 24 25	26 27 28 29 30 31 32 33 34 35
D	Intellectuality	8 9 10 11 12 13 14 [✓ 15] 16	17 18 19 20 21 23 25 27 29	30 31 32 33 34 35 36 37 38 39 40
E	Attention Span	6 [✓ 7] 8 9 10 11 12	13 14 15 16 17 18 19 20 21	22 23 24 25 26 27 28 29 30
F	Specific Learning Disabilities	9 10 11 12 13 14 15 16 17 18	19 20 [✓ 21] 22 23 24 26 28	29 31 33 35 37 39 41 43 45
G	Speech	4 5 6 7 8	[✓ 9] 10 11 12 13 14 15	16 17 18 19 20
H	Withdrawal	7 8 9 10 11 12 13 14	15 16 17 18 19 20 21 22 23 24 25	[✓ 26] 27 28 29 30 31 32 33 34 35
I	Social Behavior	8 9 10 11 12 13 14 15 16	17 18 [✓ [illegible]] 20 21 23 25 27 29	30 31 32 33 32 35 36 37 38 39 40
J	Hearing	5 6 7 8 [✓ 9] 10	11 12 13 14 15 16 17	18 19 20 21 22 23 24 25
K	Vision	5 [✓ 6] 7 8 9 10	11 12 13 14 15 16 17	18 19 20 21 22 23 24 25

Physical Impairment No ☒ Yes ☐

Fort Defiance Office of Education LEA Assessment
Check List

Name: *John* School: *Crystal*

DOB: *8-16-70* Grade: *5th*

SES #: *000* Referral Source: *Reg. Teacher, Mrs. Smith*

DOCUMENTATION	YES	NO	LOCATION
1. Modification of regular program			
A. Peer Tutoring	✓		*Crystal*
B. Individualization	✓		*Crystal*
C. Title I Services	✓		*Crystal*
D. Team Learning			
E. Contracting			
F. Other (Specify) ______			
2. Screening			
A. Vision	✓		
B. Hearing	✓		
C. General Physical	✓		
D. Academic	✓		
A. Formal	✓		
1. List Instruments Used			
a. *CTBS*	✓		
b. *Woodcock-Johnson*	✓		
c.			
d.			
B. Informal		✓	
1. List Types Used			
a.			
b.			
c.			
d.			
3. Classroom Observation			
A. FDOE Forms & SES	✓		
B. Other Forms (Specify)			
a.			
b.			
c.			
4. Family/Social History (Includes Brief Educational Experience History)	✓		
5. Arizona Screening Scale	✓		
6. Counseling Efforts (Academic/Guidance)			
A. Case Summaries			
B. Other Applicable Documentation			

FDOE Form # SE-18

EXAMPLE #8

7. Dormitory Observation (If Applicable)			
A. Relationship to Peers	✓		
B. Relationship to Aids	✓		
C. Response to Directions	✓		
D. Performance of Details	✓		
E. Problem Areas	✓		
8. Parental Permission to Conduct Individual Psychoeducation Evaluations	✓		
9. Written Summary of Data collected			
A. Recommendation to			
1. Evaluate Further	✓		
2. Re-evaluate			
3. Other Alternatives			
B. Reasons for Recommendation	✓		
C. Summary of Information	✓		
D. Statement from current teacher(s) agreeing or disagreeing with recommendation	✓		

10. Other Information (Specify) ______________________________

Vonita Fifield
Multidisciplinary Committee Chairman

FDOE Form # SE-18

EXAMPLE #8

BUREAU OF INDIAN AFFAIRS

Student Screening Scale
ELEMENTARY LEVEL - SHORT FORM B

Child's Name: ____ *John* ____ (Last / First / Middle) Date Rated: *11 / 1 / 80*

School: ____ SES # ____ Grade: *5* Sex: F [✓ M]

Teacher - Rater: *Ms. Smith* Date Enrolled: *8 / 15 / 80*

Will you kindly review the records, current performance, and educational progress of this student and give consideration to the student as a candidate for placement in a special education program for exceptional children in light of Bureau of Indian Affairs standards for identification and placement. Complete this form and return it to your school principal no later than ___/___/___.

CHECK (✓) ANY OF THE CHARACTERISTICS BELOW WHICH APPLY TO THIS STUDENT

ACADEMIC UNDERACHIEVEMENT

- ☐ Self-Help Skills (dress, eat, etc.) Delayed
- ☐ Readiness Skills Delayed
- ☐ Oral Participation Below Expectancy
- ☑ Reading Skills Delayed
- ☐ Handwriting Skills Poor
- ☐ Spelling Skills Deficient
- ☐ Classroom Seat Work Unsatisfactory
- ☑ Arithmetic Skills Delayed
- ☐ Subject Matter Knowledge Weak ________
- ☐ Physical Coordination Skills Underdeveloped
- ☑ Slow, Disabled Learner

BEHAVIORAL PROBLEMS

- ☑ Withdrawn Seriously
- ☑ Aggressive Behaviors
- ☐ Emotional Immaturity/Liability
- ☐ Hyperactive Behavior
- ☐ Distractible Behaviors
- ☐ Classroom Discipline Problem
- ☑ Peer Relations Inadequate
- ☑ Self-Concept Poor
- ☐ Independent Work Skills Inadequate
- ☐ Motivation Inadequate
- ☐ Attendance Poor

HEALTH IMPAIRMENTS

- ☐ Visual Problems Suspected
- ☐ Hearing Problems Suspected
- ☐ Cripping Condition ________
- ☐ Dental Problems
- ☐ Specific Health Problem ________
- ☐ Physical Fitness Poor
- ☐ General Health Poor
- ☐ Personal Hygiene

BACKGROUND FACTORS

- ☐ History of Developmental Delay
- ☐ History of Behavioral Problems
- ☐ History of Academic Problems
- ☐ History of Environmental Disadvantage
- ☐ Cultural Divergence Compounds Problem
- ☐ Multilingualism Compounds Problem
- ☐ Cultural Divergence Explains Problem
- ☐ Multilingualism Explains Problem

SPEECH IMPAIRMENTS

- ☐ Articulation Difficulties
- ☐ Stuttering
- ☑ Other *speaks in short sentences with a soft voice*

GIFTEDNESS

- ☐ Intellectually Gifted
- ☐ Outstanding Talent ________
- ☐ Scholastic Achievement Outstanding

Based upon this review, check one of the four boxes and sign this form.

____ Student may be gifted and/or exceptionally talented. I have completed and attached a referral form for the gifted and talented.

____ Student is progressing adequately and there are no significant teacher observed signs of a handicapped condition.

____ Student is progressing inadequately but there are no significant teacher observed signs of a handicapping condition. Educational disadvantage, language, lack of exposure, or other problems probably explain his difficulties. I recommend ____________________
____
____

✓ Student is progressing inadequately and/or there are some significant teacher observed signs of a handicapping condition. I have completed and attached a detailed rating scale and/or a referral form on this student. I recommend that this student be considered as a candidate for an educational evaluation to determine eligibility for special education.

Ms Smith
Teacher's Signature

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STUDENT REFERRAL Page 3 of 3

(Complete when appropriate and return to school principal.)

Name: *John* (Last / First / Middle) Date Rated: *11 / 1 / 80*

School: ______ Grade: *5* DOB: *8 / 16 / 70*

Teacher: *Ms. Smith* Census # ______ CA: *5 / 4*

---

1. Briefly describe in specific terms the academic behavioral, health, and/or speech characteristics which you checked as problems on the first page of this form. (Describe signs of giftedness or outstanding talent if appropriate.)

   John does not participate in class unless called on and then he participates reluctantly. He has not made friends, prefers to stay to himself, and may become angry if pressed by the other children. Also, he is significantly behind the other children in reading and math skills.

2. Briefly describe the language and ethnicity of the child and home. Indicate whether multilingualism, cultural divergence, or suspected educational disadvantages are: 1) irrelevant, 2) explanatory, or 3) compounding factors as far as this student is concerned.

   John comes from a bilingual family, but appears to have good facility in both Navajo and English. The factors above are considered to be irrelevant to his current problems.

3. What do you think caused and/or maintains the student's problems?

   Don't know

4. What special attempts have the school and you made to remediate the student's problems or enrich his education?

   John's seat has been moved to the front of the room and I have tried to encourage his participation in class. Also, I have asked several of the more popular students to befriend him. To help him in math and reading, I have had my aide work with him for 1 hr. per day. None of these efforts have been very successful.

5. Describe the student's current academic and behavioral functioning in the classroom - estimate grade equivalence, especially in basic skill areas. Attach samples of student's work and give recent test scores. Discuss strengths as well as weaknesses.

   Academically, John's work in reading and math is far below average, approximately second grade level. Behaviorally, he is withdrawn. He does not participate in class activities, he has not made friends, and he often becomes angry when approached by other children.

6. What specific questions would you like answered through the diagnostic evaluation?

   What can be done to remediate John in reading and math?
   What can be done to improve John's class participation?
   What can be done to help John make friends and stop his getting angry at others?

Ms. Smith
Teacher's Signature

EXAMPLE #9

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Student Assessment Workshop I

Fort Defiance Agency School Personnel

August 11-14, 1981

Topic 3 - Tests, Students, and Teachers

Forward

This component of the workshop provided background information on the purposes of individual psychological testing, and exercises in utilizing testing data in preparing IEPs. Resource material included: a glossary of technical terms, a comparative test score chart, a cultural appropriateness rating form, one-page descriptions of commonly used individual assessment instruments, an outline of the testing report format (see Appendix B), an example of a psychological testing report (see Appendix C), and the assessment summary form.

CULTURAL APPROPRIATENESS RATING FORM

Use the following system to evaluate the tests for bias:

0- Does not apply.
1- Acceptable, no bias.
2- Acceptable, almost no bias.
3- Inappropriate, some bias.
4- Inappropriate, major bias.

	TESTS EVALUATED		
BIAS CATEGORY	Title:	Title:	Title:
Examiner Bias:			
-Appropriate Test Selection			
-Familiarity With Test			
-Prejudice			
-Cultural Unfamiliarity			
-Distractions			
-Scoring Errors			
-Other: ______________________			
Language Bias:			
-Instructions			
-Stimulus Translation			
-Response Translation			
Item Bias:			
-Illustrations			
-Cultural/Geographic Specific			
Norming Bias			
-Socio-Economic			
-Representation (Minorities, Region,etc.)			

HISKEY-NEBRASKA TEST OF LEARNING APTITUDE

Marshal Hiskey
Union College Press
Lincoln, Nebraska

The Hiskey-Nebraska Test of Learning Aptitude is one of only a few general intelligence tests which have been developed for psychological assessment of deaf or hard-of-hearing students. The test is designed to be given with little or no verbal instructions, hence it can also be used with bilingual students.

Items for the test were selected based on their similarity to tasks a child performs in school. The norms for the test were standardized using 1,079 deaf children between the ages of 3 and 17, and 1,074 children who were not deaf, also between the ages of 3 and 17. The test consists of twelve subtests; only half of which were given to the student, depending on the student's age.

BEAD PATTERNS - requires the student to reproduce various patterns from memory by stringing beads.

MEMORY FOR COLOR - requires the student to reproduce patterns of colored strips from memory.

PICTURE ASSOCIATION - requires the student to identify similar characteristics in pictures.

PICTURE IDENTIFICATION - requires the student to match identical pictures.

PAPER FOLDING - requires the student to fold paper designs from memory.

BLOCK PATTERNS - requires the student to reproduce three-dimensional block patterns from a diagram.

COMPLETION OF DRAWINGS - the student completes drawings which have a part missing.

MEMORY FOR DIGITS - the student reproduces number sequences from memory.

PUZZLE BLOCKS - the student re-assembles a puzzle block.

PICTURE ANALOGIES - the student selects pictures based on analogy and association.

SPATIAL REASONING - the student selects the component parts of a geometrical figure.

VISUAL ATTENTION SPAN - the student selects a sequence of drawing from memory.

Although the test items sample memory skills rather heavily and there is a noted lack of academic-oriented items, the fact that the test does not use verbal or reading items makes it very useful with non-English speaking populations.

WOODCOCK-JOHNSON

The Woodcock-Johnson Psycho-Educational Battery

Teaching Resources Corp. (1977)

Test Description: The Woodcock-Johnson is an individually administered wide-range comprehensive set of tests measuring cognitive ability, achievement, and interests. The test was designed to provide one synthesized instrument with common norms to compare ability, achievement, and interests.

Age Level: Pre-School through Adult

Time Required: 30-60 Minutes + (Depending on the section)

Subtests: Part One (Cognitive Ability)- 1. Picture Vocabulary 2. Spatial Relations 3. Memory for Sentences 4. Visual-Auditory Learning 5. Blending 6. Quantitative Concepts 7. Visual Matching 8. Antonyms-Synonyms 9. Analysis-Synthesis 10. Numbers Reversed 11. Concept Formation 12. Analogies

Part Two (Achievement Tests)- 1. Reading (Letter-Word Identification, Word Attack, Passage Completion) 2. Mathematics (Calculation, Applied Problems) 3. Written Language (Dictation, Proofing) 4. Knowledge (Science, Social Studies, Humanities)

Part Three (Interests)- 1. School (Reading, Math, Written Language) 2. Non-School (Physical, Social)

Administration: The Woodcock-Johnson is a specialized diagnostic aid that should be administered exactly by persons properly prepared and familiar with the instrument. Formal training is not required, but interpretation without a testing background is discouraged.

Scoring: Basal- 5 consecutive correct responses
Ceiling- 5 consecutive errors (for most items)
Raw scores for each subtest are combined in cluster scores and recorded in grade scores, age scores, percentile rankings and functioning levels (average, above average, etc.)

Technical Data: The Woodcock-Johnson is a very new test and little research has been completed to determine the reliabilty and validity.

LEITER

The Leiter International Performance Scale

Test Description: The Leiter is basically a culture free IQ test for the communicatively disabled person. The test requires no verbal instruction as guidance is strictly gestural.

Age Group: 2 Years through Adult

Time Required: 60-90 Minutes

Test Procedure: The examiner places a printed strip on a special slotted board, then places a variety of blocks in front of the subject. The subject places the blocks in the appropriate slots according to the sequence suggested by the printed strip.

Administration- The Leiter is difficult to learn and awkward to administer. The manual is inadequate and only trained individuals should administer the test.

Scoring: Basal is determined by estimating the mental age and testing downward 2 years below the estimate until all the subtests are passed on a given age level. Ceiling is reached when the examiner test upward until all subtests are missed at two consecutive levels.
The examiner adds the basal and all items correct up to the ceiling for a raw score (add three months for each item passed on age levels 2-10 Yrs. and six months for items on 12-18 Yrs.). The Mental Age is divided by the Chronological Age to obtain the IQ score as found in the tables in the manual. Due to norming standards from Hawaii 5 points are to be added to the IQ score to adjust it to a level consistent with other intelligence measures.

Advantages: Non-verbal instructions for communicatively disabled (deaf, M.R., or severe motor-disabled).
Culture Free

Disadvantages: Large, Lengthy, and Awkward to Administer
Only 4-6 subtests at each level
Lack of current research data
No test of any auditory-vocal channel

Technical Data: Reliability based on 25 separate studies using over 4,000 cases-consistently strong.
Validity with the Stanford-Binet (LM) between .75-.91

RAVEN'S

Author: J.C. Raven

Title: Raven's Progressive Matrices

Test Description: Raven's Matrices were developed to provide a measure of a person's immediate capacities for observations and clear thinking. The progressive matrices were designed to be used in conjunction with the Mill-Hill Vocabulary Test.

Age Group: 5 Yrs. through Adult

Time Required: 15-30 Minutes

Test Forms: Standard Progressive Matrices: 5 sets of 12 problems each in order of increasing difficulty, for normal subject.
Coloured Progressive Matrices: 3 sets of items for children under the age of 11 or for the elderly.
Advanced Progressive Matrices: more difficult form for sujects over 11 with above average intellectual ability.

Test Procedure: The task is organized so that the subject views an incomplete pattern and selects an element from six choices to complete the pattern.

Administration: The test is highly flexible and may be given individually, self-administered, or as a group test. The test does not require specialized training and subjects work at their own speed until all items are completed.

Scoring: Raw scores are computed for each set and totaled. The total score is then converted to a rough percentile ranking.

Advantages: Essentially culture free.
Holds interest of young children.
Can be administered to the very old.
Used in clinical work and research.

Disadvantages: Norms are not very complete (Standardization is weak).
Few administrative guidelines.
Interpretation is questionable.

Technical Data: Reliability (Test/Retest)- .83-.93
Validity (Terman Merrill Scale)- .86

WISC-R

Wechsler Intelligence Scale for Children- Revised
Author: David Wechsler
Publisher: The Psychological Corporation, 1974

Test Description: The WISC-R is a general measure of a subject's current intellectual capacities (reasoning, comprehension, and problem solving skills).

Age Group: 6-16 Years

Time Required: 50-75 Minutes

Subtests:

Verbal-Information: verbal comprehension, memory for ideas, semantic relations
Similarities: associational and expressional fluency
Arithmetic: general reasoning and symbolic facility
Vocabulary: verbal comprehension
Comprehension: judgement, verbal comprehension, sensitivity to problems
Digit Span: (Optional) memory

Performance-Picture Completion: visual cognition, perceptual foresight
Picture Arrangement: convergent production, evaluation
Block Design: figural relations, redefining, and selection
Object Assembly: spatial orientation, visualization
Coding: symbolic possibilities and facility
Mazes: (Optional) visual-motor coordination

Administration: requires specific training (refer to manual for directions)

Scoring: Provides raw scores and scaled scores for each subtest. Total scaled scores and equivalent IQ scores available for:
Verbal Tests
Performance Tests
Full Scale

Technical Data: Standardization Sample: Over 2,200 children 6-16 tested between December, 1971 and January, 1973 with use of the following variables: age, sex, race (white/nonwhite), geographic region (4 major regions), and occupation of head of household (professional, managerial, crastmen, service workers, and laborers), based on 1970 Census data.

Reliability: average coefficients for Verbal- .94
Performance- .90
Full Scale- .96

Validity:

	WPPSI	WAIS	S-B (LM)
Verbal-	.80	.96	.71
Performance-	.80	.83	.60
Full Scale-	.82	.95	.73

GLOSSARY OF TECHNICAL TERMS

age equivalent . . . The age for which a particular raw score would be the median or average score.

age norms . . . The chronological ages corresponding to performance in raw scores for a given population.

alternate form reliability . . . The correlation between students' scores on parallel forms of a test.

alternate forms. . . See equivalent forms.

aptitude . . . A person's likelihood for acquiring new skills or knowledge in a particular area.

average . . . A general term for measures of central tendency such as mean, median, and mode.

concurrent validity . . . The relation between a student's test scores and criterion scores that are obtained at or about the same time.

construct validity . . . The relation between a test and explanatory concepts or theoretical constructs.

content validity . . . The extent to which the items in a test can be logically justified in terms of what the test purports to measure.

correlation . . . The relation between two variables; the extent of similarity in direction and degree of variations in corresponding pairs of scores on two variables.

criterion-referenced test . . . A test for which scores are interpreted in relation to established criteria for level of performance or degree of mastery of objectives.

derived score . . . A score obtained from another score or scores by statistical methods; e.g., a percentile score, a standard score.

discriminative power of a test item . . . The extent to which a test item is passed by persons of ability greater than the level corresponding to the item and failed by those of ability less than the level corresponding to the item.

equivalent forms . . . Two tests which, although not identical, are so similar that they can be used interchangeably. Equivalent forms must test the same functions and yield the same type of score distribution, the same central tendency, and the same dispersion. Also called alternate forms, comparable forms, and parallel forms.

error of measurement . . . The difference between an obtained score and the corresponding true score.

face validity . . . Apparent relevance of test items to the purpose of the test.

factor analysis . . . Any method of analysis of the interrelationships among a set of variables by which the proportion of the variance of each variable that is associated with each factor may be determined.

frequency . . . The number of cases falling at any score, within any class of scores, or in each cell of a double-entry table.

grade equivalent . . . The grade level for which a particular raw score would be typical or average.

grade norm . . . The mean or median score made by students at a particular grade level.

internal consistency . . . A measure of how well the items within a test all measure the same dimension.

inter-rater reliability . . . The degree to which different scorers or raters agree among themselves. (Not to be confused with test reliability, for which it is a lower bound)

item analysis . . . Any statistical process of determining the validity of individual test items.

Kuder-Richardson formulas . . . A series of formulas for estimating the reliability of a test, the particular one to be used depending upon the amount of data available or the precision of the estimate desired.

mean . . . The sum of the scores divided by the number of scores; the point or value in a distribution of scores such that the sum of the deviations of the scores above it is equal to the sum of the deviations of scores below it. Also called arithmetic mean and, in common usage, average or arithmetic average.

median . . . The point or score value which divides the cases in a frequency distribution evenly or into an upper and a lower 50 percent.

mode . . . The most frequently occurring value in a score distribution.

norm . . . A type of measure based on a specified sample that assists in the interpretation of raw scores; e.g., means, percentiles, standard scores, etc., for a specified sample.

normalized standard scores . . . Standard scores so transmuted that the distribution of resulting scores is normal.

Pearson product moment correlation coefficient . . . A number between the values of -1.00 and $+1.00$ which expresses the degree of relationship between two continuous variables.

percentage score . . . The percent of the total number of items a student answered correctly.

percentile . . . The point in a frequency distribution below which occurs the percentage of the cases indicated by the particular percentile. Thus, 62 percent of the cases fall below the 62nd percentile.

percentile score . . . The percentile that corresponds to a given score in a frequency distribution; a given score expressed as a percentile.

population . . . All of the cases in the class of things being investigated by statistical methods. The limits of a population are specified by the characteristics common to all of its members; e.g., all second-grade elementary school children 7 years of age as of December 1, 1[illegible]7. Also called a universe.

power test . . . A test for which time limits permit essentially all test-takers to respond to all items so that performance is determined by ability to respond, not by speed of response.

predictive validity . . . The relation between a set of scores on a test and performance for the same group on a criterion measure obtained at a later time.

quartile . . . The first quartile is the 25th percentile; second quartile the 50th percentile; third quartile the 75th percentile.

random sample . . . A limited number of cases selected from a population in such a way that every individual case has an equal and independent chance of being included; a sample selected in a purely chance manner from a universe or population.

range . . . The difference between the highest and the lowest obtained test scores for a group of subjects, plus one unit; a crude measure of variability.

raw score . . . A test score as originally obtained, before any transmutation or statistical treatment.

reliability . . . The accuracy with which a measuring device measures something; verifiability of test results after the lapse of time. Consistency between results of repeated administrations of the same measuring device to the same individuals. Reliability is usually estimated in terms of the coefficient of reliability or the standard error of measurement.

reliability coefficient . . . An estimate of the correlation coefficient between a test and itself, i.e., between the scores on a test given twice, or on two equivalent tests given to the same subjects, without disturbance by such factors as memory, practice, boredom, etc.

representative sample . . . A sample that duplicates the characteristics of the universe or population in all respects that are likely to influence results based on the sample.

sample . . . A number of cases selected from all of the cases in a particular population or universe; part of a total population chosen for investigation. An attempt is often made to choose a sample that will be representative of the population of which it is a part. As a special case, the sample may consist of the entire population.

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scaled scores ... Scores such as stanines, standard scores, and grade equivalents which are designed to reflect certain characteristics not apparent in the raw scores from which they were derived.

significant difference ... A difference large enough that it would rarely have occurred by chance. A difference significant at the 1 percent level is one that would arise less than 1 time out of 100 due to chance variation.

Spearman-Brown prophecy formula ... A means of estimating the reliability of a test when it is lengthened by the addition of equivalent items; a formula that shows the relation between the length of a test and its reliability. Also called Spearman-Brown formula and prophecy formula.

speed test ... A test for which time limits are set so that ability to get a good score depends on how fast the test-taker works.

split-half method ... A method for estimating the reliability of a test by splitting it into supposedly equivalent halves, correlating the scores on the two halves, and applying the Spearman-Brown prophecy formula to estimate the correlation between the total test and an equivalent test.

standard deviation ... A measure of the variability of a list of numbers, such as test scores, obtained by taking the square root of the mean of the squares of the deviations of the scores from their mean.

standardized test ... A test for which a distribution of scores for a specific population is available. Standardized test manuals usually include instructions for constant administration, relevant scale scores, and information on test reliability and validity.

standard score ... A deviation from the mean expressed in terms of the standard deviation of the distribution; a gross score minus the mean, divided by the standard deviation. Also called z-score and sigma score.

stanine ... A statistically derived score designed to create a scale with 9 intervals; the mean is 5 and each interval represents half of a standard deviation.

stratified sample ... A sample selected by dividing a large group into smaller sub-groups on the basis of characteristics likely to affect results and taking a proportional number of cases from each sub-group.

test-retest correlation ... An estimate of the reliability coefficient obtained by correlating scores on two administrations of the same test.

true score ... The value of a measure entirely free from error.

validity ... The extent to which a test or other variable measures what it is supposed to measure; the extent to which test scores can be used to predict criterion scores. Validity is often measured by the correlation of the variable with a criterion. Also called diagnostic value and discriminative power.

validity coefficient ... A correlation coefficient between a test (or tests) and a criterion that it is intended to predict.

variability ... The extent to which the scores of a distribution spread out from the mean or some other measure of central tendency.

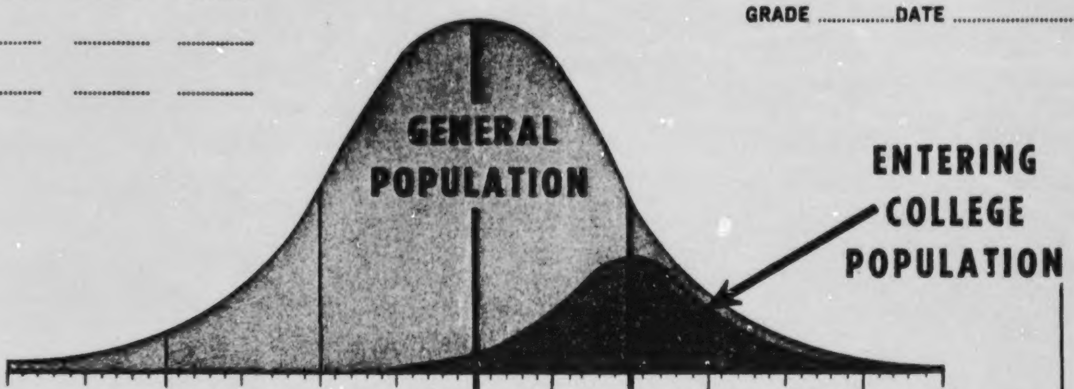
weighted score ... A sum of subscores each multiplied by a unique constant to maximize some statistic such as a validity coefficient.

COMPARATIVE TEST SCORE CHART

NAME OF TEST	SCORE	DATE

NAME ……………………………………
SCHOOL ……………………………………
TCHR. or CNSLR. ……………………………
GRADE ……………DATE ……………………

METHOD OF REPORTING



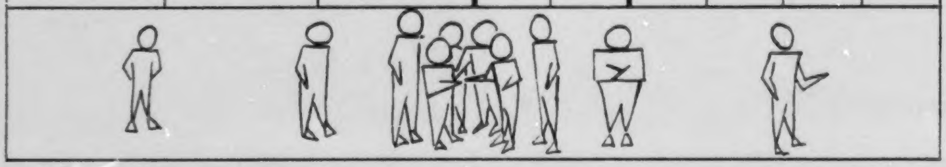
STANDARD SCORES	2	3	4	5		6		7		8	
PERCENTILES	.1%	2%	16%	50%	70%	84%	93%	98%	99%	99.9%	
				250	350	450	550	650	750		SAT-V[2]
				10	15	20	25	30			ACT[2]
QUOTIENT SCORES Binet L-M		68	84	100		116	124	132		148	
Kuhlmann-Anderson 7th Ed.		68	84	100		116	124	132		148	
Kuhlmann-Anderson 6th Ed.[1]		76	88	100		112	118	124		136	
Wechsler Tests	55	70	85	100		115		130		145	

STANINES	1 (4%)	2 (7%)	3 (12%)	4 (17%)	5 (20%)	6 (17%)	7 (12%)	8 (7%)	9 (4%)

OTHER TESTS

For Local Stanines

One Figure Represents 10% of the General Population



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[1] K-A 6th Edition Ratio IQ, others are Deviation IQs.

[2] Score points on these scales refer to College Population.

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USING THE COMPARATIVE TEST SCORE CHART

The purpose of the Comparative Test Score Chart is to provide a graph on which a student can plot scores from the tests he has taken in a manner that will allow him to make a visual comparison between his scores and those of two important reference groups, the general population and the college population.

The GENERAL POPULATION curve represents people-in-general, of all levels of ability, in the proportions in which they are believed to exist. The various test scores given as landmarks are derived from the extensive research that has been done on the nature of mental ability, how it is measured, and how it is distributed in the general population.

The COLLEGE POPULATION curve represents a carefully studied *estimate,* based on research findings and reports of individuals concerned with testing and counseling college students and high school upperclassmen. It depicts what is thought to be the average ability and distribution of scores of all students *entering* college. For any one (Counselors may wish to prepare for student use Comparative Test Score Charts with curves drawn in to represent distributions of scores for specific colleges.) college, the location and shape of this curve could be considerably different. It is also true that the scores and averages of *all* college students at *all* grade levels would be somewhat higher than those represented on this chart since it depicts entering students only.

Although the college population curve is estimated, the Comparative Test Score Chart can be used with confidence by the student in determining where, approximately, a given score ranks him in relation to the two reference populations. The student with an SAT-V score of 400, as an example, can see that, although his score is somewhat below the average of the entering college population, it is also well above the average of the general population.

The fact that two score scales are near each other on the chart or that two score points, when plotted, fall close to each other, should not be interpreted to mean that the two tests have measured the same characteristic or are psychologically equivalent. Each score plotted *should be considered primarily in relation to the two reference populations* rather than in relation to other scores.

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Publisher of the Kuhlmann-Anderson Measure of Academic Potential

ASSESSMENT SUMMARY

Name:____________________ Date:______________ CSET Chair:__________________

Sensory and Physiological
(Summary)

Vision	Hearing	Physical Health

Academic Areas

	Strengths	Weaknesses
Language Arts:		
Reading:		
Math:		

BEHAVIORAL/SOCIAL ASSESSMENT

	Antecedents	Behavior	Freq. Count	Duration	Consequences
Classroom:					
Other:					

Social and Family History

	Arizona Teacher Rating Scale	
Key Problem Areas: Academic	Behavioral	Physical

Workshop I Evaluation Report

Evaluation of the Fort Defiance Inservice Training Workshop

Students, Testing, Teachers and Special Education
August 11-14, 1981

By:

Exceptional Child Center
Utah State University

Prepared by:

Dr. Marvin G. Fifield

September 25, 1981

Evaluation of the Fort Defiance Inservice Training Workshop

Students, Testing, Teachers and Special Education
August 11-14, 1981

During the summer of 1981, a contract was issued to the Exceptional Child Center by the Fort Defiance Agency to conduct two two-day workshops, one on the eastern and one on the western side of the Fort Defiance Agency on the Navajo Reservation. The audience for these workshops included regular teaching staff, special educators, counselors and administrators. Objectives for the workshop included the following:

1. Familiarize participants with the project "Improving the Appropriateness and Educational Relevance of Psycho-Educational Assessment". (Research Grant awarded to the Exceptional Child Center and Fort Defiance Agency by OSE/DE.)
2. To instruct participants in techniques of making referrals for psychological services, forms and procedures.
3. To teach participants what occurs during individual psycho-educational testing, purpose of testing, sources and techniques of bias and methods of minimizing biases (Dispositional Assessment Model).
4. Teach participants the necessary skills in using testing reports and instructional materials in the development of IEPs and making placement decisions.

Procedures:

A team consisting of special educators and psychologists at the Exceptional Child Center, Utah State University, were identified to develop the presentations addressing various objectives of the workshop. The tentative agenda was prepared and responsibilities for specific objectives were assigned. A participants manual containing forms, background information, exercises, etc. was prepared. The agenda, manual and other instructional materials were reviewed by Dr. Deal a week prior to the workshop. Appropriate changes, alterations, etc. were made at that time to better accommodate the needs of the participants in the workshop and Fort Defiance Agency.

Evaluation

An evaluation form was prepared to evaluate each segment or component of the workshop. In addition, systematic attempts were made to collect verbal and oral feedback from participants as the workshop proceeded. At the end of each session the suggestions and recommendations for improvement were brought together in a debriefing and appropriate changes were made for future sessions. Each participant prepared an individual review of the workshop with comments, recommendations, and suggestions. Presenters also prepared suggestions for conducting future workshops, i.e., tips and suggestions, examples, and so forth. These will be brought together in a separate document. The information collected for tnis report consists of participant evaluation forms, informal feedback and additional notes and suggestions from participants and presenters.

The remainder of this report will be divided into three parts.

1. A chronology of the evaluation of the various activities and events that occurred in the workshop obtained from presenters, informal comments of participants, direct observation, and implied in the participant evaluation workshop.
2. Participant evaluation of the various components of the workshop taken from the participant evaluation form.
3. Recommendations

Chronological Evaluation

Although knowledge that the workshop would be provided and the general outline of the objectives of the workshop was known several months prior to the

1A7

workshop, the actual details of the contract, funding source, dates, presenters, location, etc. was not known until approximately a month before the workshop was conducted. This resulted in a short lead time for preparation. The materials, activities and lectures appeared to be well prepared but many details were left until the time of the presentation. This resulted in some confusion and inefficiency on the part of the presenters; primarily for the first workshop.

Participants had inadequate information about the workshop. Several participants indicated that they did not know about the workshop until they were assigned to go. Others did not understand who it was for or what the topic was. It was apparent that proper prior notification of potential participants was a weakness.

In addition, certain logistical problems occurred, i.e., video equipment that would not work, this resulted in regrouping, rescheduling and organizational confusion for the first workshop. Such problems could be eliminated by arriving earlier, checking out all of the equipment, bringing working equipment down with the presenters or the utilization of less sophisticated audio/visual equipment.

Toyei Workshop

Due to the late arrival of many participants, the starting hour was moved back. To keep the workshop on schedule, it was necessary to collapse some of the information in the first session. Anticipated audio/visual equipment was not working. Thus, the small group sessions for the component on Public Law 94-142 was eliminated. This component was presented in a large group session. It was found that the video presentation was very well received and evaluated as outstanding. Participants however, complained about the evaluation form for this component. By noon, the workshop was back on schedule. This was achieved at the expense of greater audience interaction and participation.

The afternoon components went rather smoothly. The component on referral questions and the use of the Teacher Rating Scale, and so forth were covered carefully. It was observed that the interaction and response from the group was limited and the sessions tended to drag a little. This resulted in some participants drifting away. The component "Strategies for Mainstreaming" was very well received but there was poor attendance in the concurrent sessions (mainstreaming videotape - demonstrations of individual test administrations).

It was difficult to get participants to break into small groups. Possibly this was due to the fact that they did not know which group to choose and did not have prior information about what would be presented in the concurrent small group sessions.

Following the first day of the workshop, the presenters debriefed the activities and made adaptations to better meet the needs of participants. Although the second day of the workshop was not as well attended as the first day, participants evaluated it higher. The difficulty observed the first day in breaking participants into small groups was overcome by providing additional structure.

The major criticism participants expressed about the first workshop was the length and complication of the evaluation form.

Chuska Workshop

Following the Toyei workshop, a number of adaptations were made to accommodate the needs of the participants for the Chuska workshop. These included the following:

1. The Chuska workshop started with small group activities designed to increase interpersonal interaction between participants and presenters, generate interest in the topics and objectives of the workshop, and to make better allowances for late arrivals of participants.
2. Small groups were structured so that participants lead the discussion

with presenters acting as facilitators.

3. Increased effort was made to organize participants into small group activities, utilizing simulation, discussion and report-back techniques.
4. Greater group activity was scheduled. This included shifting back and forth from large groups to small groups and reorganizing and mixing group membership.

Attendance at the Chuska workshop was not as great as Toyei, and again, it dropped off the second day. It was noted that several people who commented the first day that this was the best workshop they had ever attended, were not able to attend the second day. Proper advanced notice about the workshop seemed to account for this absence.

The general evaluation of the second workshop appeared to be more positive and the workshop ran smoother with greater efficiency.

Participants

Each participant was asked to register, however, it was noted that several people did not register. Some only attended specific sessions, others apparently had other assignments that took them away for periods of time. Others attended strictly as observers and came and went with no specific pattern. Participation was higher in those of who registered, but attendance fluctuated during the day and between the two days.

Participants of the Workshop

Toyei Workshop		Chuska Workshop	
School	Number	School	Number
Delcon	16	Chuska	13
Toyei	15	Tohatchi	10
Wide Ruins	9	Crystal	8
Sube Delkai	8	Hunterspoint	6
Kinlechee	2	Pinespring	6
Greasewood	5		
Total	55	Total	43

Overall Evaluation

Although all participants did not fill out and return the evaluation forms and some evaluation forms turned in were not complete, a good sample of evaluation forms were completed and turned in.

Overall, the participant evaluation of the workshop on a scale of 1 to 5 (5 being high) was 4.2. Most participants felt that the objectives of the workshop were well met and that it was a very valuable experience. Most participants commented on the excellent quality of the manual, the video tape, the presentations on materials, and the fact that they left with a much better understanding of the purpose of individual assessment.

Participants were asked to provide information on the positive and negative aspects of the workshop. Positive comments included:

1) The Manual. Participants identified the manual as being useful. They commented that it had helpful information, presented in an excellent form.
2) Videotape. The presentation on Public Law 94-142 was identified as being very helpful in understanding elements of the law and how teachers and other school specialists interrelate.
3) Psycho-Educational Services. Comments also indicated that the section on psycho-educational services was informative and helpful to them.
4) Demonstration on Materials and Strategies. The demonstration on mainstreaming materials and strategies was commented on by several participants as being very helpful and informative.

Negative comments included:

1) Too Much Information Presented. Several participants pointed out that there was not time to absorb all the information that was presented.

Suggestions indicated that we should either cut down the amount of information or lengthen the workshop.

2) The Workshop Evaluation Form. Participants felt that the workshop evaluation form was too complicated and was an aversive experience.
3) Lack of Prior Information. Several participants commented on the fact that they did not know about the workshop earlier and that people who should have been at the workshop were not in attendance. Prior information about the workshop to participants was considered inappropriate.
4) Scheduling the Workshop. Several comments suggested that the workshop was scheduled at a very awkward and difficult time. Participants suggested that it be scheduled during the year and not during the first week before school when they should in in their classroom and getting ready.

Evaluation of Individual Components by Participants

Each individual component of the workshop was evaluated separately. This presented some difficulty during the Toyei workshop due to the fact that the evaluation form was not handed out until the second day. Participants had some difficulty remembering and evaluating their reaction to the components of the first day. At the Chuska workshop, this was altered where the evaluation sheet was handed out and they evaluated each component at its completion.

Component 1 - Overview

This component was evaluated as very worthwhile, yet it was pointed out that the presentation was a little dull. Overall rating from a scale of 1 to 5 (5 being high) was 3.7. It was suggested that the purpose and overview of the workshop could have been provided and information distributed before the workshop.

Component 2 - Assessment Procedures Used by the Fort Defiance Agency

The overall rating of this component was 3.5. Comments submitted suggested that participants wished that the assessment process could be simplified, i.e., fewer forms, less data, and less paper work. The format of the presentation was evaluated as 3.0.

Component 3 - Description of the Research Project with Fort Defiance Agency and the Exceptional Child Center "Research on Improving Individual Psycho-Educational Assessment"

This component was evaluated as 3. On this review it was suggested that they did not adequately understand the need for the research or what it would do for the agency. The format of the presentation was rated as 2.7.

Component 4 - Videotape Presentation - Public Law 94-142

The overall rating of this component was 4.1. Comments suggested that the videotape was very good. The format of the presentation was rated as 4.5.

Component 5 - Referring Students for Psycho-Educational Assessment

At the Toyei workshop, this component was rated as very important and worthwhile (rating at 4.6). The format of the presentation was rated as 3. Comments focused on the need for the presentation to provide more interaction with participants using group participation and simulation. This suggestion was implemented before the Chuska workshop. At the Chuska workshop this component was rated as 4.5 and the format was 4.0.

Component 6 - Referral Process Used for the Fort Defiance Agnecy

This component received an overall rating of 3.2. The only consistent comments suggested that the total process used by the agency should be reduced and made more simple. The format of the presentation was rated as 3.

Component 7 - Videotape of Public Law 94-142 Responsibility of Regular Teachers

This component received an overall rating of 3. Attendance at this session was rather small and no comments were submitted.

Component 8 - Strategies for Mainstreaming Special Education Students

Component 8 received an overall rating of 4.5. The most consistent comment indicated that the material was worthwhile, was useful and that: a) there was insufficient time scheduled for this component; and b) too much information was covered too fast. The format of this presentation was rated at 4.2.

Component 9 - Testing - Why Testing, Bias in Testing, Individual Test Theory and Approaches

This component received an overall rating of 4. The format of the presentation was rated as 3. Most comments were very positive, reflecting appreciation for the information as to why and how individual testing is utilized.

Component 10 - Report on Resources to Implement Instructional Placement

This component was rated as 3.2. Comments indicated that the sample of psychological reports provided was very good, but most psychological reports were very poor. Several participants indicated that they had not seen any psychological reports for several years and did not know where they were located or how they could be accessed. The format of this component was rated as 4.

Component 11 - Use of Psychological Reports in Developing IEPs

This component received an overall rating of 4.2. Comments suggested that participants would like to have more activities of this nature (simulation, group participation). It was also suggested that the case should be more realistic to their situation. The evaluation of the format and the structure of the component was 4.5.

Component 12 - Demonstration of Individual Psychological Tests and Materials

An overall rating of 4.2 was received on this component. Since participants divided their time between different demonstrations, there were few comments that applied to all sections. Certain participants indicated that this could have been done with a videotape; others suggested that it was very worthwhile to see what occurred in an individual testing situation. The overall rating of the format and structure was 4.

Summary and Recommendations

Overall the workshop appeared to be very successful. Many of the difficulties that were encountered were situational in nature and although these can never be totally eliminated, some steps can be built into future workshops to facilitate flexibility and more efficiently accommodate unforseen problems that may be encountered. A repeated comment of participants both orally and written addressed the need for principals, administrators and supervisors to participate in this type of workshop, and the need for more of the regular teachers to participate. Several participants pointed out that the people who most desperately needed this type of training were not required to attend.

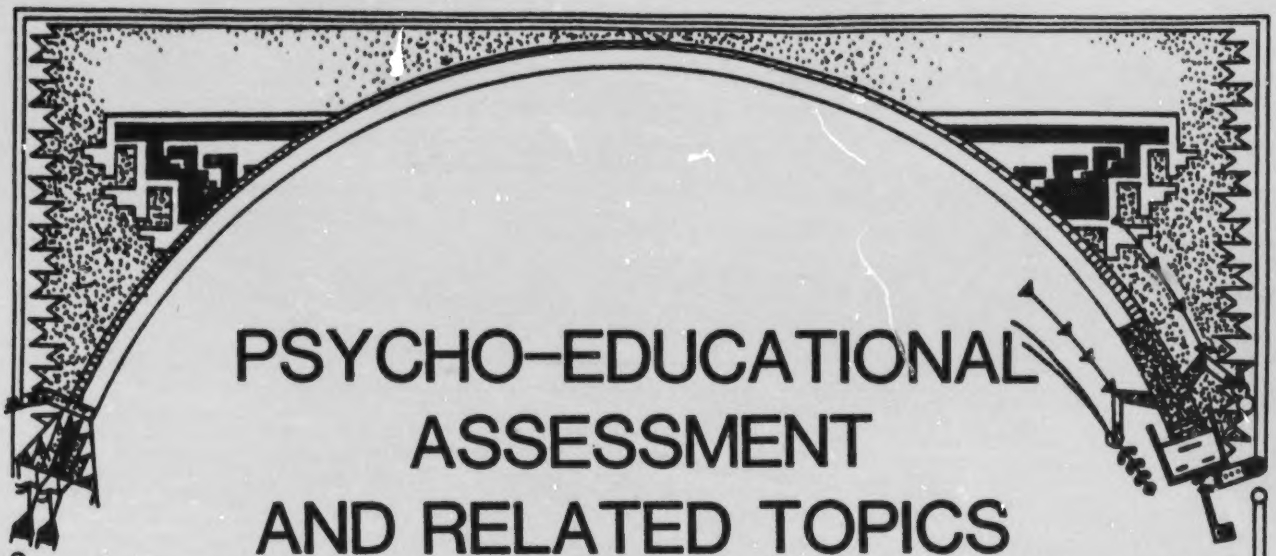
A number of participants commented that they would like to see the workshop done at another time, i.e., during the school year. Most people felt that the few days before the students arrived for school was an awkward time.

It was further recommended that the workshops be scheduled and arranged in such a way as to increase small and large group activities and interchange. It was suggested that less emphases on media presentations (listening and watching) be scheduled, and more time for interaction between participants.

MGF/sn

Workshop II

Psycho-Educational Assessment and Related Topics



PSYCHO-EDUCATIONAL ASSESSMENT AND RELATED TOPICS INSERVICE TRAINING WORKSHOP

AUGUST, 1982

Produced for:

FORT DEFIANCE OFFICE OF EDUCATION

Produced by:

EXCEPTIONAL CHILD CENTER
Dr. MARVIN FIFIELD, DIRECTOR
Dr. RICHARD BAER, COORDINATOR
UTAH STATE UNIVERSITY

Cover Art: Wallace Begay

Psycho-Educational Assessment and Related Topics
Inservice Training Workshop
For Ft. Defiance Agency

Thursday, August 11, 1982

9:00 a.m. - 9:30 a.m. -- Introduction - Charles Deal (registration, pretest)

9:30 a.m. - 12:00 p.m. -- PL 94-142 - Wayne Johnson

12:00 p.m. - 1:00 p.m. -- Lunch

1:00 p.m. - 4:00 p.m. -- Assessment

- 1:00 - 3:00 p.m. -- Referral and Assessment Process - Richard Baer

- 3:00 - 4:00 p.m. -- Demonstration of Assessment Process - David Bush

Friday, August 12, 1982

9:00 a.m. - 12:00 p.m. -- Assessment

- 9:00 - 11:00 a.m. -- The Assessment Research Project - David Bush

- 11:00 - 12:00 p.m. -- Demonstration of Tests - Charles Deal, David Bush, Richard Baer

12:00 p.m. - 1:00 p.m. -- Lunch

1:00 p.m. - 3:30 p.m. -- Precision Teaching - Richard West

3:30 p.m. - 4:00 p.m. -- Post-Test, Evaluation

Student Assessment Workshop II

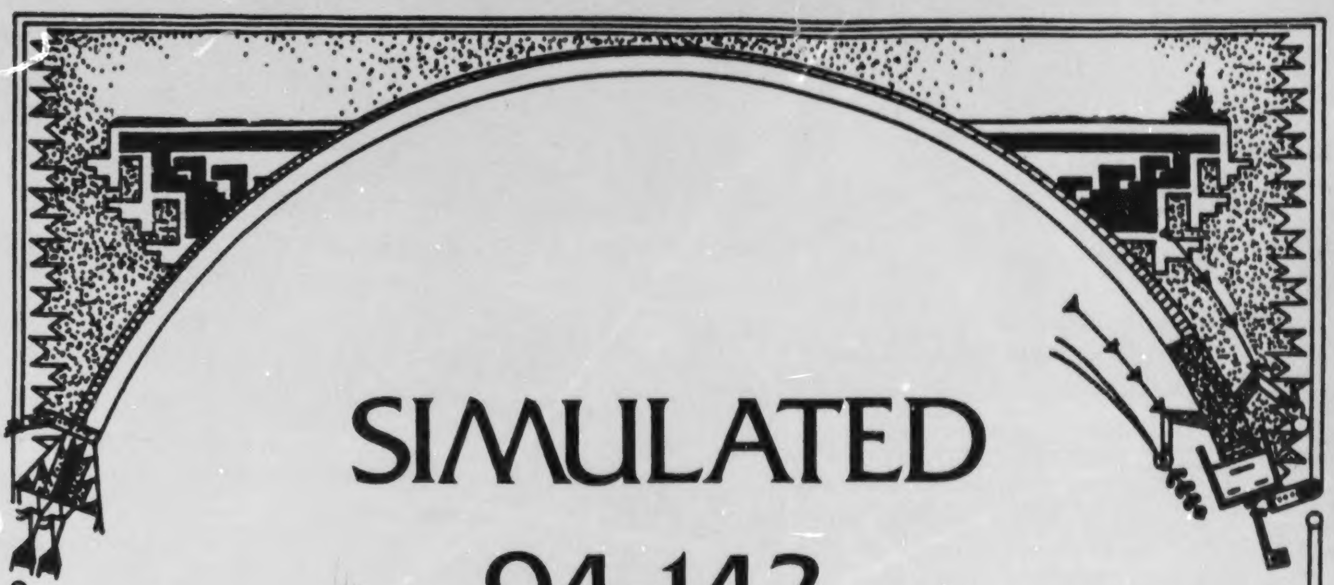
Fort Defiance Agency School Personnel

August 11-12, 1982

Topic 1 - Public Law 94-142 and Student Evaluations

Forward

This agenda item was a follow-up of the video presentation and exercises presented in the previous year's workshop. The presentation consisted of a simulated Public Law 94-142 compliance review of a BIA school. A simulated exercise evaluation manual was developed by the Intermountain Plains Regional Resource Center which participants used to review the various provisions of the law. Participants then conducted a simulated review of the policies and procedures of their school district's compliance with the law.



SIMULATED 94-142 COMPLIANCE REVIEWS FOR BIA SCHOOLS

EVALUATION MANUAL

A Project Conducted by The

Intermountain
Plains
Regional
Resource
Center

Cover Art: Wallace Begay

PROGRAM NAME

IMPLEMENTATION OF 94-142

SUMMARY RATING SHEET

SUMMARY OF COMPLIANCE RESULTS FOR EACH CATEGORY

1. Indicate the compliance percentages for **CHILD FIND** criteria.

Criteria	Compliance %
1. Written plan for public awareness	
2. Contact with other agencies	
3. Adequate percentage of handicapped children served	
4. Written plan for referring children it can't serve	

AVERAGE % COMPLIANCE ☐

LEGAL % COMPLIANCE ☐

2. Indicate the compliance percentages for **MULTIDISCIPLINARY EVALUATION** criteria.

Criteria	Compliance %	Criteria	Compliance %
1. More than one evaluator		**8. Handicapping condition identified	
2. Valid and appropriate tests		*9. Criteria for classification	
3. Signed parent consent		*10. Report explained to parents	
4. Understandable report		**11. Behavior observations	
**5. Suggestions for programming		**12. Synthesized report	
6. Data from referral source		13. Testing in dominant language	
7. Medical data when needed		14. Re-evaluation every 3 years	

AVERAGE % COMPLIANCE ☐

LEGAL % COMPLIANCE ☐

3. Indicate the compliance percentages for **INDIVIDUALIZED EDUCATION PROGRAM** criteria.

Criteria	Compliance %	Criteria	Compliance %
1. Present level of functioning		8. Related services specified	
2. Annual goals		*9. Parent signature on IEP	
3. Short-term objectives		**10. Signatures of appropriate team	
4. Start and completion dates for objectives		**11. Summary statements for objectives	
*5. Person responsible for each objective		12. Annual placement review	
6. Appropriate evaluation component		**13. IEP linked to program	
**7. Dated initial placement			

AVERAGE % COMPLIANCE ☐

LEGAL % COMPLIANCE ☐

4. Indicate the compliance percentages for **LEAST RESTRICTIVE ENVIRONMENT** criteria.

Criteria	Compliance %	Criteria	Compliance %
1. Education with nonhandicapped		4. School staff understand LRE requirements	
2. Alternative placements available		*5. Procedures for determining LRE	
3. Education at same school as if not handicapped			

AVERAGE % COMPLIANCE ☐

LEGAL % COMPLIANCE ☐

5. Indicate the compliance percentages for **DAILY PROGRAM** criteria.

Criteria	Compliance %	Criteria	Compliance %
**1. Scope and sequence		**6. Individual programming	
**2. Written daily schedule		**7. Behavior programs	
**3. Curriculum materials specified		**8. Cumulative folder	
**4. Teacher written programs if needed		**9. Teacher explains program	
**5. Monitoring system			

AVERAGE % COMPLIANCE ☐

LEGAL % COMPLIANCE ☐

6. Indicate the compliance percentages for **PROGRAM DEVELOPMENT AND OPERATION** criteria.

Criteria	Compliance %	Criteria	Compliance %
1. LEA application		5. Forms for releasing records	
2. Daily expenditure accounts		6. Forms for requesting records	
**3. Additional funding applications		7. Confidentiality procedures	
**4. Written policies and procedures		**8. Monitors outside contractors	
		**9. Pertinent documents filed	

AVERAGE % COMPLIANCE ☐

LEGAL % COMPLIANCE ☐

No Stars: Items required by P. L. 94-142.
*: Items required by BIA State Plan, but not P. L. 94-142.
**: Items not required by P. L. 94-142 or BIA State Plan, considered "Best Practice".

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7. Indicate the compliance percentages for FACILITY criteria.

Criteria	Compliance %	Criteria	Compliance %
**1. Adequate floor space		**4. Classrooms equal to regular education	
**2. Integration with regular students		**5. School accessible	
**3. Classrooms well distributed			

AVERAGE % COMPLIANCE ☐

LEGAL % COMPLIANCE ☐

8. Indicate the compliance percentages for STAFF criteria.

Criteria	Compliance %	Criteria	Compliance %
1. Inservice training		**5. Written job descriptions	
**2. Staff evaluated annually		**6. Noncertified staff supervised	
**3. Acceptable turnover rate		**7. Staff evaluate administrator	
4. Certified personnel			

AVERAGE % COMPLIANCE ☐

LEGAL % COMPLIANCE ☐

9. Indicate the compliance percentages for PARENT INVOLVEMENT criteria.

Criteria	Compliance %	Criteria	Compliance %
**1. Parents observe assessment		**6. Observe instruction	
2. Participate in placement		**7. Information on support services	
3. Able to examine records		**8. Program orientation	
4. Notified prior to change		9. Parent training	
*5. Receive written progress reports			

AVERAGE % COMPLIANCE ☐

LEGAL % COMPLIANCE ☐

10. Indicate the compliance percentages for DUE PROCESS criteria.

Criteria	Compliance %	Criteria	Compliance %
1. Notified of hearing		*4. Disciplinary procedures appropriate	
2. Due process hearing officers		5. Surrogate parents	
3. Due process procedures			

AVERAGE % COMPLIANCE ☐

LEGAL % COMPLIANCE ☐

No Stars: Items required by P. L. 94-142.
*: Items required by BIA State Plan, but not P. L. 94-142.
**: Items not required by P. L. 94-142 or BIA State Plan, considered "Best Practice".

OVERALL AVERAGE % COMPLIANCE ☐

OVERALL LEGAL % COMPLIANCE ☐

INSTRUCTIONS FOR COMPLETING AVERAGES

Each criterion receives one of the following ratings:

0 = no compliance
1 = partial compliance
2 = full compliance

To complete compliance % for an item, take the total number of points received on that criterion and divide it by (the number of ratings for that criterion multiplied by 2). For the criteria rated only once for the school (e.g., the criteria in CHILD FIND), then this will be 0, 1, or 2 divided by 2 (i.e., 0%, 50%, or 100%). For the criteria rated for individual children (e.g., the IEP criteria), then this will be the number of points obtained by all children, divided by (the number of children multiplied by 2). For example, for criterion #4 under IEP--if data were collected on 12 children and looked as follows:

	Children's Initials											
	AB	EL	MZ	JW	MJ	SK	AW	DP	JF	DB	DT	EG
4. Start and completion dates are included for all objectives and programs.	2	2	2	0	0	1	1	0	2	1	0	2

Information in the folders of the first three children completely met the criterion, the next two did not meet it at all, the next two met it partially, etc. A total of 13 points were obtained for the criterion and 24 were possible (12 children X 2 points each = 24). Percentage compliance for this criterion was 13 ÷ 24 = 54%.

To compute "Average % Compliance", do a simple arithmetic average of the individual compliance % rating for each area (e.g., under CHILD FIND, this might be (100 + 100 + 50 + 0) ÷ 4 = 63%.

To compute "Legal % Compliance", do the same thing but only for the non-starred items.

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INTRODUCTION

The attached materials are designed for use in conducting simulated compliance reviews for Bureau of Indian Affairs special education programs. The purpose of these simulated compliance reviews is to assist Area and Agency BIA officials in identifying areas of strength and weakness regarding compliance with Public Law 94-142. Information collected during each simulated compliance review will be useful in developing practices and strategies for needed adjustments and remediation.

It is important to note that the standards for being "in compliance" with P.L. 94-142 are still a matter of interpretation in many cases. Two different site visit review teams from the Federal government might easily reach different conclusions about whether a school is in compliance regarding a specific element of P.L. 94-142. Since the results of this simulated compliance review will be used only internally by Area and Agency officials to improve the quality of their programs, we have designed these procedures to be rigorous rather than lenient. In this way, Area and Agency staff can be overprepared rather than underprepared for later compliance visits from the Federal government.

Ten major areas have been identified for consideration during the simulated compliance reviews. These areas include:

1. Child Find
2. Multidisciplinary Evaluation
3. Individualized Education Plan
4. Least Restrictive Environment
5. Daily Program
6. Program Development and Operation
7. Facility Criteria

8. Staff Criteria
9. Parent Involvement
10. Due Process

Under each of the 10 major areas, specific criteria have been identified which: (a) based upon Public Law 94-142, and/or BIA regulations, are required components of programs serving the handicapped; (b) based on state of the art research and literature, are desirable components of high-quality programs. Throughout the manual and worksheets, objectives not required by law, but desirable for high-quality programs, have been marked with two asterisks (**); objectives required by BIA State Plan but not P.L. 94-142, have been marked with one asterisk (*). The remainder of this manual describes each of the 10 major areas using the following format:

1. A general overview and rationale for the inclusion of each major area is provided.
2. The specific criteria or standards which will be used in determining attainment of each criterion are described.

The evaluation teams will be composed of two or three persons, primarily from the Intermountain Plains Regional Resource Center (IPRRC) staff. Members of the evaluation team will collect data specific to each of the items under the ten major areas described above. These data will come from four primary sources:

1. A random selection of cumulative folders of children being served by the school.
2. Other documentation which is assembled prior to the team's arrival by the principal, or staff members responsible for the program. The specific information which is relevant here is cited in Table 1.
3. Discussion with classroom teachers of a random selection of the children (the same children referred to in #1 above).

TABLE 1

	CHILD'S CUMULATIVE FOLDER	CHILD'S TEACHER	DIRECT OBSERVATION	OTHER DOCUMENTATION	DISCUSSION WITH ADMINISTRATOR
I. CHILD FIND					
1. Documentation of written plan to create public awareness.				✓	
2. Documentation contact made with other agencies.				✓	
3. Percentage of children being served.				✓	
4. Written plan to refer children unable to serve.				✓	
II. MULTIDISCIPLINARY EVALUATION					
1. Evaluation by more than one evaluator.	✓				
2. Tests administered are valid and appropriate.	✓				
3. Parent signed consent form prior to testing.	✓				
4. Evaluation report understandable by parents.	✓				
** 5. Evaluation report includes specific programming suggestions.	✓				
6. Child's folder includes data from referral source.	✓				
7. Child's folder includes medical data where appropriate.	✓				
** 8. Statement indicating handicapping conditions.	✓				
* 9. Criteria for determination of classification.	✓				
*10. Report explained to parents.	✓			✓	
**11. Evaluations include behavior observations about strengths, weaknesses.	✓				
**12. Evaluation report written in synthesized format.	✓				
13. Evaluation conducted in child's dominant language.	✓				
14. Evaluation conducted at least every three years.	✓				
III. INDIVIDUALIZED EDUCATION PROGRAM					
1. Statement of present level of educational functioning.	✓				
2. Annual goals stated.	✓				
3. Short-term objectives stated in behavioral terms.	✓				
4. Start and completion dates for services.	✓				
*5. Person responsible for delivery of services stated.	✓				
6. Short-term objective evaluation component stated.	✓				
** 7. Date of initial placement.	✓				
8. Statement of related services.	✓				
9. Parent signature	✓				
**10. Signatures of team on IEP; team appropriate.	✓				
**11. Summary statements written for each goal at annual review.	✓				
12. Placement is formally reviewed annually.					
**13. IEP linked to daily programming.		✓	✓		
IV. LEAST RESTRICTIVE ENVIRONMENT					
1. Handicapped children educated with nonhandicapped children.		✓	✓	✓	
2. Alternative placements available to implement IEP.		✓	✓	✓	✓
3. Handicapped attend same school as would if nonhandicapped.				✓	
4. Teachers/administrators informed of responsibilities for implementation of LRE requirements.		✓		✓	✓
*5. Consider potential harmful effects and quality of service when selecting LRE.		✓		✓	
V. DAILY PROGRAM					
** 1. Program scope and sequence included.		✓	✓		
** 2. Daily schedule written.		✓			
** 3. Curriculum materials suggested for program objectives.	✓	✓			
** 4. Teacher written programs included where necessary.	✓	✓	✓		
** 5. Monitoring system included.		✓	✓		
** 6. Child involved in one-half hour individual programming.		✓	✓		
** 7. Behavior program included, when appropriate.	✓	✓	✓		
** 8. Cumulative folder kept for each child.	✓	✓			✓
** 9. Staff member explains child's program.		✓	✓		

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VI. PROGRAM DEVELOPMENT AND OPERATION

	CHILD'S CUMULATIVE FOLDER	CHILD'S TEACHER	DIRECT OBSERVATION	OTHER DOCUMENTATION	DISCUSSION WITH ADMINISTRATOR
1. LEA submitted application for 3100 and 1974.				✓	
2. LEA has accounts for service delivery system.				✓	
** 3. LEA submitted for additional funding.				✓	
** 4. Written procedures regarding referral, evaluation, placement, IEP, termination available.				✓	
5. Forms developed and used for releasing child's records.	✓			✓	
6. Forms developed and used for requesting child's records.	✓			✓	
7. Confidential information kept in locked files.			✓	✓	
** 8. LEA has work scope with contractors to implement program.				✓	
** 9. LEA has pertinent documents on file.			✓	✓	✓

VII. FACILITY

	CHILD'S CUMULATIVE FOLDER	CHILD'S TEACHER	DIRECT OBSERVATION	OTHER DOCUMENTATION	DISCUSSION WITH ADMINISTRATOR
** 1. Facility meets BIA guidelines for amount of floor space per child.			✓		
** 2. Special education instructional areas facilitate integration with regular students.		✓	✓	✓	
** 3. Special education classes well-distributed.			✓	✓	
** 4. Special education instructional areas are at least equal to those in regular education.		✓	✓	✓	
** 5. One building at each level is accessible.			✓	✓	

VIII. STAFF

	CHILD'S CUMULATIVE FOLDER	CHILD'S TEACHER	DIRECT OBSERVATION	OTHER DOCUMENTATION	DISCUSSION WITH ADMINISTRATOR
1. School has written plan for staff training.		✓		✓	
** 2. Staff formally evaluated once per year.		✓		✓	
** 3. Staff has acceptable turnover rate.				✓	
4. Programs supervised by certified personnel.	✓	✓	✓	✓	
** 5. Written job descriptions for staff.				✓	
** 6. Staff members receive feedback on their performance.		✓		✓	
** 7. Staff members evaluate school administrator.		✓		✓	

IX. PARENT INVOLVEMENT

	CHILD'S CUMULATIVE FOLDER	CHILD'S TEACHER	DIRECT OBSERVATION	OTHER DOCUMENTATION	DISCUSSION WITH ADMINISTRATOR
** 1. Parents are invited to observe screening/assessments.	✓			✓	
2. Parents participate in developing child's IEP and determining child's placement.	✓			✓	
3. Parents are given opportunity to examine child's records.	✓			✓	
4. Parents given written notice prior to change in child's placement, IEP goals.	✓			✓	
* 5. Parents receive written reports of their child's progress.	✓	✓		✓	
** 6. Parents are invited to observe child's instruction.	✓	✓		✓	
** 7. Parents receive information regarding support services.				✓	
** 8. Parents invited to a formal program orientation.				✓	
9. Parents receive training in their rights and responsibilities.		✓		✓	

X. DUE PROCESS

	CHILD'S CUMULATIVE FOLDER	CHILD'S TEACHER	DIRECT OBSERVATION	OTHER DOCUMENTATION	DISCUSSION WITH ADMINISTRATOR
* 1. Parents notified in writing or verbally that due process hearing is being initiated.	✓			✓	
2. Due process hearing conducted by impartial due process hearing officer.				✓	
3. Due process hearing follows due process procedures.				✓	
** 4. Disciplinary procedures do not exclude children from receiving services.	✓			✓	
5. Surrogate parents assigned in accordance with law.				✓	

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4. Discussion with the special education administrative staff and other key administrative staff.

5. Direct observation of classroom activities.

The monitoring team will spend approximately one full day collecting and summarizing their observations. After all data have been collected and collated, an overview of the strengths and weaknesses of the program, as perceived by the review team, will be prepared and presented to the appropriate program staff and administrators on the second day of the visit.

In conducting the simulated review, team members will review pertinent documents, the children's cumulative folders, and interview appropriate staff members involved with the special education program. Each team member will fill out his own copy of the compliance monitoring checklist. When rating each criterion statement, it is important to be aware that the rating of criterion may be difficult to assess. This manual will give you a clearer picture of what might constitute the rating in each category. Content will be judged as (a) no compliance--0 points, (b) partial compliance--1 point, and (c) full compliance--2 points. Collation of information will be accomplished once the data are collected. Any items for which information could not be obtained should be discussed with the principal to determine where such information might be available.

Within two weeks of the onsite visit, a report of findings will be written by the review team and sent to the school and the Agency and Area offices.

CHILD FIND

The principle of zero reject, a component of Public Law 94-142, mandates that all handicapped children be provided a free, appropriate public education. Subsumed under the zero reject principle is an emphasis on developing child find programs. Consistent with this, local educational agencies should, on at least an annual basis, conduct a thorough program to locate, identify, and evaluate all handicapped children living within their catchment area. Availability of Federal funds is tied to this activity as local educational agencies receive these funds based on the number of handicapped children served. For funding purposes, a maximum of 12 percent of the school population can be counted as handicapped.

Public Law 94-142 also identifies two service priorities in this child find activity: (a) children not receiving an education, and (b) children with the most severe handicaps who are not receiving an appropriate education should be served first.

Child find activities must be documented and show a concerted effort toward identifying all handicapped children.

EXPLANATORY DETAIL FOR CHILD FIND CRITERIA

1. The school has a written plan to create public awareness of special education opportunities for handicapped children.

   An informed community tends to be more sensitive, accepting, and responsive to the handicapped. When the community is informed, barriers created by ignorance and stereotypes are broken down, leading to the development of day care programs, sheltered workshops, group homes, resource programs, and other programs for the handicapped. To be in full compliance, the school's written plan should include references to newspaper releases, radio or television announcements, posters, speeches at community gatherings, and/or meetings.

2. There is documentation the school has made contact with other organizations or agencies in child find efforts.

Names, relevant correspondence, and any anecdotal data concerning contacts should be available for each organization the school has contacted concerning child find. To be in full compliance, the school has on file all pertinent information on agencies they have contacted in child find efforts. For partial compliance, the school can state the agencies they have contacted.

3. The percentage of children being served by the school indicates the child find efforts have been adequate.

The Office of Special Education will fund up to 12 percent of a school's population as handicapped. The minimum goal recommended by the Office of Special Education is that about 10 percent handicapped children versus nonhandicapped children should be served. It is not mandated that 12 percent of the school's population be counted as handicapped. The following figures are arbitrary to indicate an example, like if a school has identified only 3 percent of its population as handicapped, this may indicate the child find efforts have not been adequate. Also, over or under representation in some handicapping categories is questionable, e.g., the student roster indicates the school identified and placed 20 LD, 2 EMH, and 0 ED. This might indicate misplacement of students or inappropriate assessment perhaps.

4. The school has written procedures for determining alternate placements for students which it is unable to serve.

To comply with least restrictive environment considerations, children should have a variety of placements available; in addition, interagency agreements usually make for smoother transitions from one program to another. Interagency agreements could be developed with local public schools, social services (tribe, BIA, state) private schools, parochial schools, Public Health Service, etc. To be in full compliance the school has on file copies of interagency agreements.

MULTIDISCIPLINARY EVALUATION

The rationale for multidisciplinary evaluation stems primarily from Public Law 94-142: The Education of All Handicapped Children Act. The most pertinent sections of the law related to the assessment and placement of handicapped children are quoted below.

> ". . . all children residing in the state who are handicapped, regardless of the severity of their handicap, and who are in need of special education and related services are identified, located, and evaluated, and that a practical method is developed and implemented to determine which children are currently receiving needed special education and related services and which children are not currently receiving needed special education and related services. . . . procedures to assure that testing and evaluation materials and procedures are utilized for the purpose of evaluation and placement of handicapped children will be selected and administered so as not to be racially or culturally discriminatory. Such materials or procedures shall be provided and administered in the child's native language or mode of communication, unless it clearly is not feasible to do so, and no single procedure shall be the sole criterion for determining an appropriate educational program for a child." Public Law 94-142, Section 612.

There are two important components of multidisciplinary evaluation which are referred to above. The first is a requirement which specifies that nonbiased assessment procedures should be utilized. The second specifies that no single procedure should be utilized to place a child.

Generally, nonbiased assessment procedures include provisions for testing in the child's native language, avoiding tests which contain obvious bias and securing measures of a child's functioning level within his/her own culture. The purpose of this part of the law is to ensure that identification of possible bias is made and accounted for in ways possible with testing materials.

The second issue relates to avoiding the use of one test or assessment procedure and looking at a child's performance in a variety of ways. This section of the law ensures that the child is given every opportunity to exhibit his/her true level of functioning.

The following guidelines should be considered in evaluation.

EXPLANATORY DETAIL FOR MULTIDISCIPLINARY EVALUATION

1. The evaluation was conducted by more than one certified evaluator in different areas, e.g., psychology, medicine, special education, speech and hearing, physical therapy, occupational therapy.

In assessing a child, information should be collected by more than one person.

> The evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist, with knowledge in the area of suspected disability. No single procedure is used as the sole criterion for determining an appropriate educational program for a child. The child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. (Federal Register, 1977, pp. 42496-97)

If the above procedures were not followed, a statement explaining why is included. Full compliance consists of above criterion being met. Partial compliance would be given if the team was unable to determine what specialties the evaluators represented.

2. Tests administered are valid and appropriate for the children tested and copies of the test protocols are included in the children's folders.

> Tests and other evaluation materials have been validated for the specific purpose for which they are used. Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient.

> Tests are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual or speaking skills (except where those skills are the factors which the test purports to measured). (Federal Register, 1977, pp. 42496-97)

Copies of all test materials should be available for review by evaluation team members. To be in full compliance, the test protocols of appropriate tests should be in the child's folder and should correspond to referral information. Example: If the child was referred because of speech and language difficulties, speech and language protocols should be included in the child's folder.

Partial compliance would be given if test protocols are included but have no indication if they were appropriate for that child.

3. The evaluation includes a signed parent consent form signed prior to testing.

A signed parent consent form is required by law. A copy should be found in the child's folder. The form should indicate an interpreter was used when necessary.

4. The summary evaluation report is deemed by the simulated compliance review team to be understandable by parents.

Many evaluation reports are written in professional jargon which is not generally understandable. Team members should scan reports for the selected children to make sure the language used is clear and understandable. A consideration of the parents' dominant language should be made. An example of an evaluation is included on p. 16.

**5. The evaluation report includes specific programming suggestions.

The assessment team will serve as a valuable resource for programming ideas. These ideas will be determined as a result of assessment findings.

To be in full compliance, programming suggestions such as: "It is recommended that the child receive special tutoring on the following speech sounds: s, z, l. An audiometric evaluation is also recommended." would be useful.

A report which gives a diagnosis or classification without specific programming suggestions is not very useful. An example of a statement that would meet partial compliance is: "This child is severely retarded and should be institutionalized."

6. The child's folder includes observational data from the referral source.

Observational data from the referral source (classroom teacher) can assist the assessment team in decision making. An example of such a statement would be: "Sarah is 10 years old. Sarah is constantly asking to have things repeated. When asked a question, Sarah will often not answer. When she does answer, it is in 2- or 3-word phrases, not in complete sentences." As one result of this statement, the assessment team would request a hearing evaluation.

7. The child's folder includes medical data where necessary.

Example: "Sarah has a hearing loss which may be why she is having trouble learning to speak clearly. Her family physician reports that her particular impairment is a sensori-neural loss."

Evaluation reports should be examined for references to significant physical and developmental events in a child's life. Examples of when medical data would be appropriate are: if referral source mentions hearing or attentional problems, if parents report seizures, or if child is frequently absent for health reasons.

**8. The evaluation includes a qualification statement which clearly indicates the handicapping condition of the child.

Agency funding is usually tied to diagnostic or qualification categories. The evaluation report should clearly indicate the child's handicapping condition. The following is a list of handicapping conditions: mentally retarded, deaf, hard of hearing, visually handicapped, emotionally disturbed, orthopedic handicap, health impaired, specific learning disability, multiple handicaps, deaf/blind, and speech impaired.

*9. Specific criteria are delineated which allow the determination of a child's handicapping classification.

The report should be examined for such statements. For example, when a child is diagnosed as Learning Disabled, specific criteria statements concerning the rationale must be written in the report. There must be evidence of a significant discrepancy between ability and performance scores. A significant discrepancy can be found in the areas of: reading, reading comprehension, spelling, handwriting, arithmetic reasoning, arithmetic computation. Statement can be present on process deficits. A learning disability checklist should be completed on children categorized as Learning Disabled. Another example concerns the category of mental retardation. If a child is classified as mentally retarded, evidence should be documented that both IQ and adaptive behavior were measured.

*10. Test results have been explained to the parents.

Parents should have evaluation results clearly in mind. The best way to have understandable reports written is for parents to review them and rule on their clarity. This can be done at the time the parents attend parent-teacher conference and IEP meetings. Evidence in writing that reports were sent and/or explained would qualify for full compliance.

**11. The evaluation includes behavior observations or statements about the child's strengths, weaknesses, or particular learning style from the multidisciplinary team.

These statements can be particularly useful in daily programming. Statements that would qualify as full compliance are:

Example: James can subtract two five-place figures but cannot borrow.

Statements about observable behavior are also useful in programming.

Example: James hits and kicks peers, runs out of the building frequently, and does not respond to verbal comments. He will, however, respond favorably to the bus driver when riding the bus.

The documentation can be on the evaluation report or compiled separately. Statements that discuss test results and scores would qualify as partial compliance.

**12. The evaluation report is written in synthesized format, i.e., the report includes all assessments in one report rather than separate reports for each assessment done.

A synthesized report ensures that evaluation team members have discussed and considered all evaluation information. A member of the team is usually designated to write the synthesized report. An example of a synthesized report is included. A copy of the report is current (within three years) and in the child's folder.

13. The evaluation was conducted in the child's dominant language.

There is written documentation that tests are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so. The language the test was administered in should be indicated in the report or test protocol.

14. There is documentation that a formal re-evaluation of the child is conducted at least every three years or more often as warranted by the situation.

The evaluation report is dated within the last three years. If a parent or teacher feels there is a problem with the present placement, a request is made in writing and a re-evaluation may be conducted even if three years have not passed. This situation could arise if teachers and parents decided the previous assessment was not complete or an area (example, language development) was omitted that should have been assessed or if significant progress was made and a change in placement was in order.

SAMPLE OF SYNTHESIZED REPORT

CLIENT: Bill

Age:
Date of Birth:
Parents:

DATES OF EVALUATION:

TESTS ADMINISTERED: Bayley Scales of Infant Development
Alpern-Boll Developmental Profile
Kent-Hecht Gross Motor Assessment
Peabody Picture Vocabulary Test
Receptive-Expressive Emergent Language Scale
Preschool Language Scale

REFERRAL QUESTION:

Bill was referred to the Exceptional Child Center by his parents because of concerns about Bill's lack of speech, effects of a reported hearing loss, and problematic behaviors which are occurring both in the home and at school.

BACKGROUND INFORMATION:

Bill was accompanied to the Exceptional Child Center by his parents who provided the following background information. Bill was the result of a normal pregnancy; however, complications arose during his delivery, in that Bill was in a breech position and the amnionic fluid contained fecal matter. Additionaly, the placenta was abnormally small and weak. At birth, Bill weighed five pounds and twelve ounces. His breathing was irregular, his cry was very soft, and he demonstrated a poor sucking reflex. The parents expressed concern over the possibility that Bill may have suffered from dehydration as a newborn, since he refused to suck.

Throughout his development, Bill has consistently remained below the sixth percentile for children his age in height and weight. The parents stated that Bill has a rare chromosomal abnormality characterized by a small addition to the distal arm of one of the 11th chromosomes. According to , their chromosomes were found to be normal. The chromosomal studies were conducted at the University of Utah.

Bill's self-help skills are also reported to be limited. He is able to feed himself independently by using a spoon and drinking from a cup, but he has difficulty using a fork, and sometimes rejects foods of certain textures. Bill ia also able to undress himself, although he does not do so routinely. He can unzip, but he has not yet developed additional fastening skills. Bill is not toilet trained. The parents have attempted to use a toileting program without success. It was further reported that Bill suffered anemia between the ages of six and nine months. During this time, no motor development gains were observed by his parents, however, he evidenced developmental motor milestones within normal age ranges (e.g., independent sitting by six months, crawling at 9-10 months, and independent walking by 15 months). Overall, his parents have seen that his motor development has been slow, particularly in the fine motor area. Bill's lack of language development has been a major concern to his parents. Bill has had recurrent ear infections since approximately eight months of age. At age two, tubes were inserted in both ears to control otitis media. The parents suspected that Bill had a possible hearing loss, but this was not confirmed until Bill was approximately 3-½ years of age. At that time, hearing tests revealed a moderate hearing loss in the left ear; the hearing in the right ear appeared to be within normal limits. In Bill's adenoids and tonsils were removed, and tubes were inserted in both ears. The parents reported seeing an improvement difference in Bill's speech by in that he was beginning to verbalize more clearly. However, at the present time he still lacks functional communication skills, and uses only five to ten words spontaneously and consistently. He usually communicates his wants and needs by gesturing or leading family members by the hand.

Bill is presently attending an early intervention preschool program in . His parents reported that the program's major goal this year is for Bill to increase his attention span. Bill does not engage in manipulative and/or constructive play activities at school or at home. The parents feel that he does not do so because his attention span for such activities is too short. However, on certain activities of his choosing (e.g., pushing his tricycle), he shows extended time interest (e.g., up to 45 minutes). Both at school and at home Bill demonstrates limited social interactions with his peers and adults. When other children are playing in a group, Bill will typically stand at the outskirts of the group and observe. He does not engage in constructive play with his siblings.

Bill's parents were asked to identify the major behavior problems in the home. For Bill's father, the major problem is Bill's tendency to open cabinets, closets, and drawers, and to empty the contents on the floor. The correction procedure which the parents have used for this behavior is to take Bill away from the cabinet and scold him. They have not required him to return the items which he misplaced. Bill's father expressed that he did not consider reprimands useful in disciplining Bill because it was his opinion that Bill was incapable of understanding that what he had done was inappropriate. For Bill's mother the major problem in the home is Bill running away. Bill will check the outside doors of the house until he finds one that is open. He then leaves the house and, will not return on his own. The parents have reprimanded Bill for this behavior, but this technique has been ineffective in reducing running away. The parents have also attempted to use time out procedures consisting of placing Bill in his bedroom; however, Bill's toy box is in the bedroom, and the parents agreed that this may not constitute an effective time out procedure. Both parents requested suggestions to help them deal with Bill's inappropriate behaviors in the home. Additionally, they wish to help Bill develop a communication system so that they may communicate with him, and so he may be able to interact with people in his environment.

BEHAVIORAL OBSERVATIONS:

Bill was observed during the initial intake interview, and during subsequent testing sessions. During the initial interview, it was necessary for Bill to be removed from the room since he was engaging in disruptive behaviors, such as throwing toys, climbing on furniture, opening cabinets, and flushing the toilet in the adjoining bathroom. When Bill engaged in any of this behaviors, it was obsered that he would go to a nearby adult and smile.

He also smiled when his father intervened to terminate these behaviors by removing him from the activity from which he was involved.

In general, throughout testing Bill was easily distracted from test tasks and his attention was limited. When assessment tasks required him to be seated at a table, he was quite active (e.g., squirmed in his seat, got out of his seat). Bill worked best at table tasks when he was seated with his chair back against a wall and the testing table positioned to restrict his options for mobility. Center staff observed that Bill's eye contact was of very brief duration (i.e., one or two seconds), and that his compliance to requests was inconsistent. However, eye contact and compliance appeared to improve when test items were presented at a rapid pace. Bill responded to praise by smiling, and by repeating the action that he had just completed.

DEVELOPMENT ASSESSMENT RESULTS:

Bill was administered the Mental and Motor Scales of the Bayley Scales of Infant Development. These scales are designed primarily to assess skills of children up to 2-½ years of age. Although age exceeds the upper limits for which this test is designed, the test can be useful in obtaining an estimate of developmental skills acquired. One the Mental Scale, Bill successfully completed most of the items up to a 17 month level. He completed 50% of the tasks up to the 20 month level, and 25% of the tasks between the 21st and 30th month levels. Many of these tasks required verbal responses. On the Motor Scale of the Bayley Scales of Infant Development, Bill obtained an overall estimated age equivalent of 24 months. He was able to demonstrate several skills up to the 30 months level.

The Alpern-Boll Developmental Profile was also administered. This profile consists of a series of questions that are directed to the parents about the child's performance in various skill areas. The five areas which are assessed on the Alpern-Boll, and the approximate age equivalents which Bill obtained in each of these areas, are as follows:

Developmental Skill Area	Age Equivalency
Physical Age	3 years, 6 months
Self-Help Age	2 years, 2 months
Social Age	1 year, 10 months
Academic Age	1 year, 10 months
Communication Age	1 year, 6 months

The results of the Alpern-Boll indicate that Bill is functioning considerably below his age level in the five areas sampled on this test.

OCCUPATIONAL THERAPY ASSESSMENT RESULTS:

The Kent-Hecht Gross Motor Assessment and Eye/Hand Coordination Assessment Tests were used to obtain additional information on Bill's motor functions. These two checklists are non-standardized development checklists which provide an estimate of a child's eye/hand coordination (use of fine muscles of the hands and eye usage) and gross motor (use of large muscles of the body) from birth to five years of age. According to the items passed on these checklists, Bill is functioning at an 18 to 24 months level in eye/hand coordination and at a 24 month level in gross motor skills. At a 24 month level, Bill was able to complete the following gross motor tasks: (1) kick a large ball; (2) stand on a balance beam; and (3) go downstairs placing both feet on each stair. One isolated gross motor task at the 32 month level that Bill was unable to perform was to jump in place. Bill was able to complete some gross motor tasks at the 36 month level that include: (1) rides a tricycle; and (2) walks upstairs by alternating feet. Bill was unable to perform the following gross motor tasks: (1) walks on tiptoes (26 months); (2) walks backward 10 feet (28 months); (3) broad jump (29 months); (4) hops twice or more on one foot (30 months); (6) walks heel-to-toe gait (32 months); (7) balances on one foot for two seconds (42 months); (8) walks on line 10 feet (48 months).

Eye/hand coordination skills at the 24 month level that Bill was able to complete were: (1) puts one-inch diameter pegs in holes; (2) imitates clapping; (3) imitates revolving hands around each other; (4) turns door knobs; and (5) places round and square shapes in form board. At the 36 month level Bill was able to do the following: (1) string two or more 1" beads; and (2) throw and catch a large ball. Bill was unable to perform the following eye/hand coordination tasks: (1) imitates vertical stroke (18 months); (2) builds 6 to 7 block tower (24 months); (3) imitates circular stroke (24 months); (4) builds 7 to 8 block tower (30 months); (5) imitates building train one-inch blocks (30 months); (6) imitates horizontal stroke (30 months); (7) copies circle (36 months); (8) builds 9 to 10 block tower (36 months); (9) imitates cross (36 months); (10) unbuttons (36 months); and (11) cuts with scissors (36 months).

Bill displayed clumsy prehension (position and use of the hand to grasp an object) when picking up small objects. He was able to use his thumb and forefinger to pick up ½ inch beads; however, his grasp was not neat or precise, and the beads slipped from his finger several times. His clumsiness may be due, in part, to a slight outward rotation of his thumbs.

Balance reactions were also informally evaluated by the occupational therapist. Bill exhibited normal equilibrium reactions (involuntary responses which maintain the vertical alignment of the body when tipped), when lying on his stomach, on his back, and on his hands and knees. His equilibrium reactions were inadequate in the sitting and standing position. The resting tone of his muscles was also noted to be low.

In an informal assessment of Bill's oral-motor skills, it was noted by the occupational therapist that Bill's voluntary tongue and lip movements were within normal limits. Bill's chewing was characterized by up and down jaw movements only, lacking the more mature rotary motion of the jaw.

MEDICAL ASSESSMENT RESULTS:

Bill was seen by the Medical Director at the Exceptional Child Center. He observed a variety of morphological irregularities. It was noted that Bill's head is elongated in the anterior-posterior direction, that his ears are low-set, and irregularities were also observed in the structure of the outer ear. Additionally, Bill's jaw is slightly narrowed in relation to the rest of his features. Both of Bill's hands have a transverse simian line, and his fingers are broad at the base with incurving of the fifth finger and

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a rather broad thumb; both thumbs also show some outcurving. Incurving of the toes was also observed. The Medical Director observed that tubes were in both external canals of Bill's ears; the one on the left appeared to be just in the canal, and the one on the right appeared to still be through the tympanic membrane.

An opportunity was given to the parents to ask questions concerning Bill's birth defect, and what they can anticipate in the future. It was the opinion of the Medical Director that Bill demonstrates some degree of mental retardation, but his prognosis will be affected by the quality of speech, education, and behavioral intervention which Bill receives in the future.

SPEECH AND LANGUAGE ASSESSMENT RESULTS:

The Peabody Picture Vocabulary Test was presented to Bill. This test requires the child to point to one of four pictures at the request of the examiner. Bill was unable to identify any pictures by pointing, although the instructions were varied in their presentation and he was assisted to perform the task several times. A child of would be expected to point correctly to approximately pictures.

The Preschool Language Scale was administered. This test requires a child to demonstrate a variety of skills and tests for both auditory comprehension and verbal ability. Bill achieved a 15 month age equivalency score in both auditory comprehension and verbal ability. His auditory comprehension skills were demonstrated by his ability to understand simple questions, such as, "Where is mother?", and by his ability to look attentively at pictures. He was unable to identify body parts or follow directions, such as "Put the block on the chair," or to identify pictures by pointing. In verbal ability, Bill's score was demonstrated by his ability to echo or imitate sounds and to use a few simple words. He did not ask for simple needs, use two or three word combinations, or use as many as 10 words.

The Receptive-Expressive Emergent Language Scale was administered in order to determine Bill's level of language development. This scale is based upon observations made by the examiner in conjunction with parental interviews. It requires no formalized response from the child. The results indicate that Bill is at a 16 month level in his receptive language abilities. His receptive language skills include the ability to sustain interest for two or more minutes in looking at pictures if they are named for him, and the ability to demonstrate understanding by carrying out some simple verbal requests. He also appears to recognize some of his own body parts, although he does not demonstrate this in pictures. Expressively, Bill is functioning at approximately the 14 month level, as measured by this test. This skill level was demonstrated by his ability to use five or more true words with some consistency, and to attempt to obtain desired objects by using his voice in conjunction with pointing. He does not use true words along with gestures, nor does he demonstrate the use of many of the consonant sounds.

SUMMARY:

Bill was evaluated at the Exceptional Child Center. The results of this evaluation indicate that Bill is functioning significantly below his age level in mental abilities, speech and language skills, and motor skills. His severest area of delay is in speech and language functioning; his receptive and expressive language skills are at approximately the 15 month level. A hearing examination , revealed that Bill has a mild to moderate hearing loss in his left ear, and has boarderline normal to mild loss in his right ear. The extent to which Bill's hearing deficit has contributed to his delay in language development is not known at this time; however, it was noted that in working with Bill, the use of gestures and the use of a loud voice increased the probability that he would respond correctly to the examiner's request. Motorically, Bill is displaying a delay of approximately 2-½ years in the acquisition of both eye/hand coordination skills and gross motor skills. His inadequate balance reactions and low muscle tone are contributing factors to his gross motor skill deficits, and his short attention span may be contributing to his delay in eye/hand coordination skills. Bill's delayed eye/hand coordination skills may, in turn, be contributing to his inability to completely dress himself (i.e., use of fastenings). However, based on these evaluation findings, Bill will need intensive intervention programs in the areas of deficit. The most critical area for programming is in speech and language functioning.

During the evaluation, it was reported that Bill is also exhibiting a series of behaviors which are problematic both at home and at school. Behavior common to both settings is Bill's tendency to run away whenever he can find an unlocked door. In addition, Bill engages in a variety of disruptive behaviors which appear to be for the purpose of obtaining the attention of adults in his immediate environment. These behaviors include, hitting other children, emptying cabinets and drawers, throwing objects, playing with water, etc. Bill appears to enjoy social interactions with others, as evidenced by his smiling in response to praise, and by the way he engages in activities to obtain the attention of other individuals. It is the opinion of Center staff that consistent use of behavioral programming combined with the development of a functional communication system should result in controlling Bill's misbehaviors.

Recommendations:

The following recommendations are made for Bill:

1) It is recommended that Bill continue in his present preschool program with the addition of speech therapy on a daily basis. This therapy could be conducted by either the teacher or an aide under the supervision of a qualified speech pathologist. His daily therapy programs should include the use of sign language, and signs should be used spontaneously throughout the day in conjunction with spoken language.

2) Instructions to be given to Bill should be precise and simple, requesting one action per instruction; for example, "Bill, sit down," instead of, "Bill, we need for you to sit down so we can start to work." Bill's attention should be directed to the speaker's face and to the task with which he is being presented. Both auditory and gestural cues should be given.

3) Bill should continue in a formal behavior program to increase his attention span and develop eye contact. Concurrently, programming should focus on eliminating those behaviors which are interfering

with his ability to attend to the task on hand. These include: opening doors, throwing objects, flipping light switches on and off, and other behaviors which appear to be directed at getting the attention of people in his environment. The use of a formal time-out room to consequate these behaviors is also recommended.

4) Behavioral programming should also be implemented to eliminate Bill's response of running away whenever he finds an open door. Suggestions for programming to reduce this behavior are included in Appendix A.

5) Bill undergo a visual examination to determine his visual acuity. Since gestures and signs are recommended for language program, it is imperative that it be determined whether or not Bill is capable of visually discriminating signs.

6) Bill would benefit from gross motor and eye/hand coordination stimulation activity. These activities could be presented to him as play. Initially, three to five minutes should be set aside to work on one or two of the activities. This time should be increased as his attention span lengthens. Suggested activities are attached to this report in Appendix B.

7) Bill should be encouraged to develop age-appropriate self-help skills. These would include dressing/undressing and hygiene skills. Self-help tasks should be practiced daily. Suggestions for self-help tasks are also attached and are included in Appendix C.

8) Bill's immature chewing pattern may be improved by encouraging him to take smaller mouthfuls of food.

9) Bill's parents should be involved in structured parent training to help them increase their consistency in disciplining Bill. Ideally, this training should be provided by a therapist skilled in behavioral intervention.

10) Bill's family is currently under a great deal of stress as a result of family difficulties, in addition to the responsibilities related to caring for a handicapped child. For this reason, it is recommended that they seek counseling to help them to cope with the pressures that are impinging on the family.

Case Coordinator

Coordinator of Clinical Services

Team Members:

INDIVIDUALIZED EDUCATION PROGRAMS

Individual Education Programs are required by Public Law 94-142 for all handicapped children. IEPs are helpful for both students and teachers. They let the student, his family, and teachers know exactly what is expected of the student and assist him in gaining skills and independence. IEPs also benefit teachers by outlining the direction and purpose of the treatment and by establishing who is responsible for what, when, and how. They also provide a record of achievement.

Therapeutic effectiveness can be more readily assessed when using individual education programs which specify outcomes in behavioral terms. By continuously monitoring the treatment effectiveness that is required by the IEP, the handicapped child's progress can be maximized. In addition, appropriate changes in the child's program can be made if monitoring results indicate inefficient procedures have been used.

The individual education program also helps to ensure that each child's program is individualized and best suited for that particular child. By specifying instructional goals and objectives based on the child's current level of behavioral performance, and by regularly monitoring behavioral performance according to specific evaluation criteria, the probability of successful intervention with handicapped children is greatly increased.

The use of the individual education program should also increase accountability for teachers. If individual responsibilities for intervention are clearly defined, they can be effectively carried out and supervised.

Participants responsible for developing the IEP include a representative of the public education agency (such as the principal); the child's teacher; one or both of the parents; the child (where appropriate); and necessary others. If the child has been evaluated for the first time, the IEP must also include a member of the evaluation team or some other person who is familiar with the evaluation procedures used and the interpretation of the results.

The time and location of any meetings concerning the IEP should be mutually agreeable to parent and educator. The school district must ensure that parents understand the proceedings of the meeting. Necessary arrangements might include the use of an interpreter for deaf or non-English-speaking parents.

A written notice indicating the attendance, purpose, time, and location of the meeting must be sent to the parents in time for them to attend. If parents cannot be identified, the school district is responsible to assign an appropriate surrogate parent for the development of an IEP.

Since the passage of P.L. 94-142, many concerns have been raised about the requirement to have an IEP for every child. Some educators have been concerned that developing an individual education program for every student would require an excessive amount of time. Of course, any system takes time to implement, but the benefits for developing IEPs are worth the extra investment. One way is to begin individual education programs for one or two students at first, and then continue their development as one moves through a handicapped student caseload. Additionally, a good IEP system actually requires less individual student contacts in the long run and schools will be able to manage more students with fewer staff.

Others have been concerned that individual education programs would create more unnecessary paperwork. In reality individual education programs are designed to take the place of, rather than duplicate existing paperwork. Once the framework has been developed for organizing background material on the student, stating educational goals, and documenting student progress toward achieving those goals, less paperwork is required.

EXPLANATORY DETAIL ON INDIVIDUAL EDUCATION PLANS CRITERIA

1. A statement of the child's present level of educational functioning is included.

This section includes objective, measurable statements about a child's performance. Information to be included in present levels of function should be gathered from assessment data. Statements should include what a child can do as well as what he cannot do. How well the child performs the tasks needs to be included. Test results (scores) or labels should not be used alone to describe the child.

A good example of an appropriate statement of present level of functioning would be: Marie can name the multiplication facts 2's, 3's, 4's with 90 percent accuracy and 5's with 50 percent accuracy; she can name all reading sounds within 3 seconds of presentation but she cannot blend sounds together.

If some type of statement is made but it only includes test scores or labels, only partial compliance should be given.

2. Annual goals are stated.

Annual goals should be based on the child's current level of functioning and expected to require about one year to accomplish. Goals are broad long-term statements of the child's expected performance. Goals that can be accomplished in one month are not appropriate and goals that will require many years are not appropriate. Obviously, the difficulty of the goal will vary according to the handicapping condition of the child. For a profoundly retarded child, learning to feed himself might be an appropriate long-range goal, while the same goal would be totally inappropriate as a long-range goal for a Learning Disabled child. Care should be taken in not listing too many goals per child. An ideal number of goals would be three to five. Annual goals should be prioritized.

An example of a goal is: Gary will learn to multiply two-digit numbers. Three to five goals (broad long-term statements) stated in the IEP would be considered full compliance. If less than three goals are stated, the criterion would be judged in partial compliance.

3. Short-term objectives are stated in objective criteria (e.g., including statements of measurable behavior, evaluation procedures, and time linked).

Short-term objectives are written for each annual goal. Each objective should state the child's name, what the behavior is that the child is to perform, under what conditions he will perform that behavior, and how well he will perform it. Objectives should be sequenced beginning at the child's current level of functioning and ending with the behavior stated in the annual goals. The number of objectives necessary to meet a goal will vary for different children.

An example of an objective is: John will point to the color red when shown two cards of different colors, one being red, within five seconds with 85 percent accuracy on three consecutive days. This would meet full compliance. Partial compliance would be given for objectives that are not written in behavioral terms.

4. Start and completion dates are included for all objectives and programs.

The date an objective is begun as well as the date it is completed should be stated in the IEP. This indicates at least an annual review to determine if short-term objectives are being met. Start dates for services must also be stated. The above must be met for full compliance. It should be apparent that this information is being updated systematically. For example, something is wrong if the visit is made in March and the child has an IEP with starting dates for each objective in September, but no completion dates. In this case, the criterion would be marked partial compliance.

An example of the format which could be used for this information appears below:

Objective	Date Begun	Date Completed	Person Responsible	Spec. Ed. and/or Related Services
1.				
2.				
3.				

*5. The person responsible for delivering each special education and related service is stated for each objective.

The name of the staff member that will carry out the program should be stated. This helps eliminate confusion as to responsibility for programs (see example of format in #4).

6. The IEP includes appropriate objective criteria and evaluation procedures for determining whether short-term instructional objectives are being achieved.

An evaluation procedure to determine whether short-term objectives have been met must be included. This evaluation could include a system for daily program monitoring. This system is tied into the criteria section of the short-term objective. The evaluation procedure should be specific enough that anyone reading the IEP would know if the objective had been met or not. Criterion-referenced evaluation procedures are emphasized over norm-referenced assessment procedures.

To be in full compliance, a data sheet (see p. 32) could be utilized to record correct and incorrect responses. Partial compliance might consist of dating objective passed, or keeping anecdotal records.

**7. The date the child was initially placed in the program is stated.

The IEP should include the date the child entered the program. If the child is continuing in the program, a brief statement could be made.

Example: John entered the program on September 12, 1980. John will continue in the program for the 1981-82 school year.

8. Necessary related services the child is to receive are stated.

A statement should be included listing any special related services the child is to receive. Related services can be thought of as services that every child would not receive. Special related services are identified to meet the unique needs of the handicapped child. Such services include speech therapy, physical therapy, occupational therapy, medical consultation, etc. The amount of time the child receives each service should also be stated (e.g., a statement such as: "Speech therapy/two times per week/half-hour sessions" would be considered in full compliance.

9. Parents participated in determining the child placement.

The parents should be included in the IEP meeting and have input into the writing of the IEP. This is evident by a statement of agreement with program goals, objectives, and placement signed by the child's parent(s). A place for interpreter's signature is included and completed when necessary.

An example of an IEP statement:

> I agree with and helped develop the preceding individual education program for my child and agree with his educational placement.

Parental Signature ______ Date ______

**10. Appropriate team members have signed the IEP.

All members of the team who had input into the writing of the IEP should sign the IEP. The team should include the child's parents, teacher, program administrator, and appropriate specialists (e.g., speech therapist, occupational therapist, physical therapist, psychologist, medical personnel). Specialists are determined and selected according to the child's handicap. A member of the evaluation team should be included as part of the IEP team if the child is new to the program. Having all appropriate members listed and their signatures included would result in full compliance. Partial compliance will be given when a team member's signature is missing from the IEP.

**11. At the end of the year, an IEP review is conducted, and a summary statement is written for each goal.

A summary statement including progress to date should be written on each goal on at least an annual basis. This can be completed at the annual IEP review at the end of the year. A completed review sheet is attached to each IEP. The goal should be restated and the summary statements should include the criteria at which the child is functioning at the time of the review and whether or not the goal was met. A statement that would be considered in full compliance is:

> Goal: Johnny will subtract 4-digit numbers with carrying.
>
> Summary Statement: Johnny can subtract 1- and 2-digit numbers with carrying with 100 percent accuracy. However, he has difficulty with 3-digit numbers unless he has teacher assistance.

Partial compliance will be given if any documentation of progress is stated.

12. The child's placement is formally reviewed annually.

Near the end of the school year, when the IEP team conducts the annual IEP review meeting and progress is assessed, placement decisions for the upcoming year will be made. The next year's IEP will be written.

**13. The IEP is linked to daily programming.

The IEP should serve as a basis for the child's daily programming. The core of his program should consist of the objectives stated in the IEP. For each goal stated in the child's IEP, at least one of the objectives set to meet that goal must be included in the child's daily programming.

If the IEP stated any related services were to be part of the child's program, for example, speech therapy two times per week for 30 minutes each, there must be written evidence in the child's daily programming schedule that this is indeed happening. Full compliance will be given when each goal stated in the IEP is programmed for on the daily schedule.

R11-79

Frequency Data Sheet

EXPRESS

Student: ____________

____

Data Collector: ____________

Program: ____________

____

____

____

Key:

+ : CORRECT

0 : INCORRECT

___ : ____________

___ : ____________

___ : ____________

___ : ____________

___ : ____________

___ : ____________

GRAPH LEGEND: ____________

____

____

____

OTHER: ____________

____

____

____

Trials	Conditions	Percentage
20		100%
19		
18		90%
17		
16		80%
15		
14		70%
13		
12		60%
11		
10		50%
9		
8		40%
7		
6		30%
5		
4		20%
3		
2		10%
1		
Objective		Objective
Date Year		Date
Percentage		Percentage
Comment		Comment

Graph: Percentage of trials

Formula:
% correct = no. correct ÷ total no. of trials x 100

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LEAST RESTRICTIVE ENVIRONMENT

Public Law 94-142 states that each handicapped child must be educated with nonhandicapped children to the maximum extent appropriate. Provision of special classes, separate schooling, or the removal of handicapped children from the regular educational environment may occur only when the nature or severity of their handicap is such that education within a regular classroom "with the use of supplementary aids and services" cannot be achieved satisfactorily. The concept of Least Restrictive Environment also applies to the handicapped child's participation in extracurricular activities with nonhandicapped students. Placement in the school the handicapped child would attend if he/she were not handicapped is preferred. However, consideration must be given to any potential harmful effects of this placement on the child and the quality of services.

The appropriateness of a learning environment for a handicapped child is to be determined by the severity and effects of the handicapping condition as well as by the nature and quality of the learning environment. For example, the placement of a hearing-impaired child might depend upon the degree of hearing loss--language development, vocabulary, lip-reading ability, speech ability, reading level, personal and social development, and the availability of supplementary media, special teachers, or other supports to deliver the services stipulated in individualized education plan.

Several items need to be considered when determining Least Restrictive Environment. There should be a continuum of alternative placements. This includes instruction in regular classes, itinerant teachers, resource rooms, special classes, special schools, homes, hospitals, and institutions.

In order for a handicapped student to succeed in a regular classroom, there should be a positive attitude on the part of teachers and peers as well as instructional and social integration. Another key factor is the availability of support services and inservice training. Capitalizing on the handicapped student's academic and social strengths while remediating weaknesses may promote success.

To ensure that a child is indeed being educated in the Least Restrictive Environment, regular class teachers need to be familiar with the Least Restrictive Environment concept as well as with the nature and needs of their handicapped students. Regular educators must know what materials and which professionals in the public agency are available for support in implementing Least Restrictive Environment placements. Open communication channels between regular and special educators, particularly between the sending and receiving teacher, are essential.

EXPLANATORY DETAIL ON LEAST RESTRICTIVE ENVIRONMENT CRITERIA

1. To the maximum extent appropriate, handicapped children are educated with children who are not handicapped.

The handicapped child should be educated with the nonhandicapped children when appropriate. Special classes and/or removal from the regular educational environment should only then be considered in those cases where a child will have difficulty attaining IEP goals with the available resources.

Handicapped children should be integrated with the nonhandicapped students in meals, recess periods, recreational activities, clubs, athletics and in student activities not related to school work such as games during recess, Girl Scouts and basketball team.

2. Various alternative placements are available to the extent necessary to provide an appropriate education.

An appropriate education might require placing the child in various settings. For example, a learning disabled child with a speech handicap might need to spend half a day with a speech therapist in addition to special education placement in a resource room or one-half day in the regular classroom.

The continuum of alternative placements include, by order from least restrictive to most restrictive:

Instruction in regular classes
Itinerant teacher
Resource room
Self-contained classes
Special schools
Home instruction
Instruction in hospitals and institutions

3. Each handicapped child is educated in the school which he/she would attend if not handicapped unless the severity of the child's handicap requires other arrangements.

If the child can function with help in a regular classroom, there is no need for any other type of placement. If the child's handicap hinders his learning in the regular classroom, special education services must be provided, i.e., itinerant teacher, resource room, special education class, etc. If the school does not have the needed facility, other agencies can be contracted with to provide appropriate services, but efforts should be made to educate the child in his home school. Removal of handicapped children from the regular education environment should occur only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. [(Sec. 61215)(B)]

4. Teachers and administrators understand their responsibilities for implementing Least Restrictive Environment requirements and are given necessary technical assistance and training.

The school has a written policy concerning how educators and administrators will be informed of LRE requirements. A training session may be provided for all administrators, teachers, teacher's aides, kitchen staff, etc., covering various aspects of special education. A survey may be made to familiarize yourself on what your staff/faculty members know on special education.

*5. Procedures are available for determining the Least Restrictive Environment appropriate to each handicapped student, including consideration of any potential harmful effects.

This task may be addressed by a thorough evaluation of the child's strengths, weaknesses, and needs with subsequent determination of how a regular program can be minimally modified to meet those needs. Any supplementary services and/or materials needed should be provided. The special educator may inform the regular classroom teacher where the materials are available and how to provide the needed services. Example: Handicapped student in an art class--the student may need a special paint brush so he/she can participate in class. A balance must be struck between what is least restraining environmentally and appropriate educationally. The child's placement should be reviewed at least annually.

The type of services provided is very important. Qualified personnel should deliver or supervise any/all services requested.

Provision of the services should be within an atmosphere that would be comfortable with the child. Example: A physically handicapped child--a licensed physical therapist should deliver or supervise all services in a setting that is most comfortable with the child.

DAILY PROGRAM

The purpose of a child's daily program or lesson plan is to provide information for determining the adequacy of a child's program and to indicate where program modifications are needed. Each child's daily program is devised by the teacher, enabling him/her to determine if the child has an appropriate program to meet that child's educational needs. Since it should be based on the child's IEP, the daily program will determine if the program outlined in the IEP is being carried out and the quality of the program. In the evaluation process, daily programs will be judged by interviewing individual teachers.

EXPLANATORY DETAIL ON DAILY PROGRAM CRITERIA

**1. A program scope and sequence is available for the child in the appropriate program area.

It is important for a program to have an overall developmental sequence in each of the critical skill areas in which the child is to receive instruction. This sequence will enable the teacher to establish informal tests and adequately program for different ability levels. If the teacher is using a specific program model, the model will have these sequences established. On the following page is an example of a scope and sequence chart.

Areas in which a scope and sequence could be written are: (a) math, (b) reading, (c) writing, (d) spelling, (e) other cognitive areas, (f) self-help, (g) motor development, (h) language development, and/or (i) social/emotional development.

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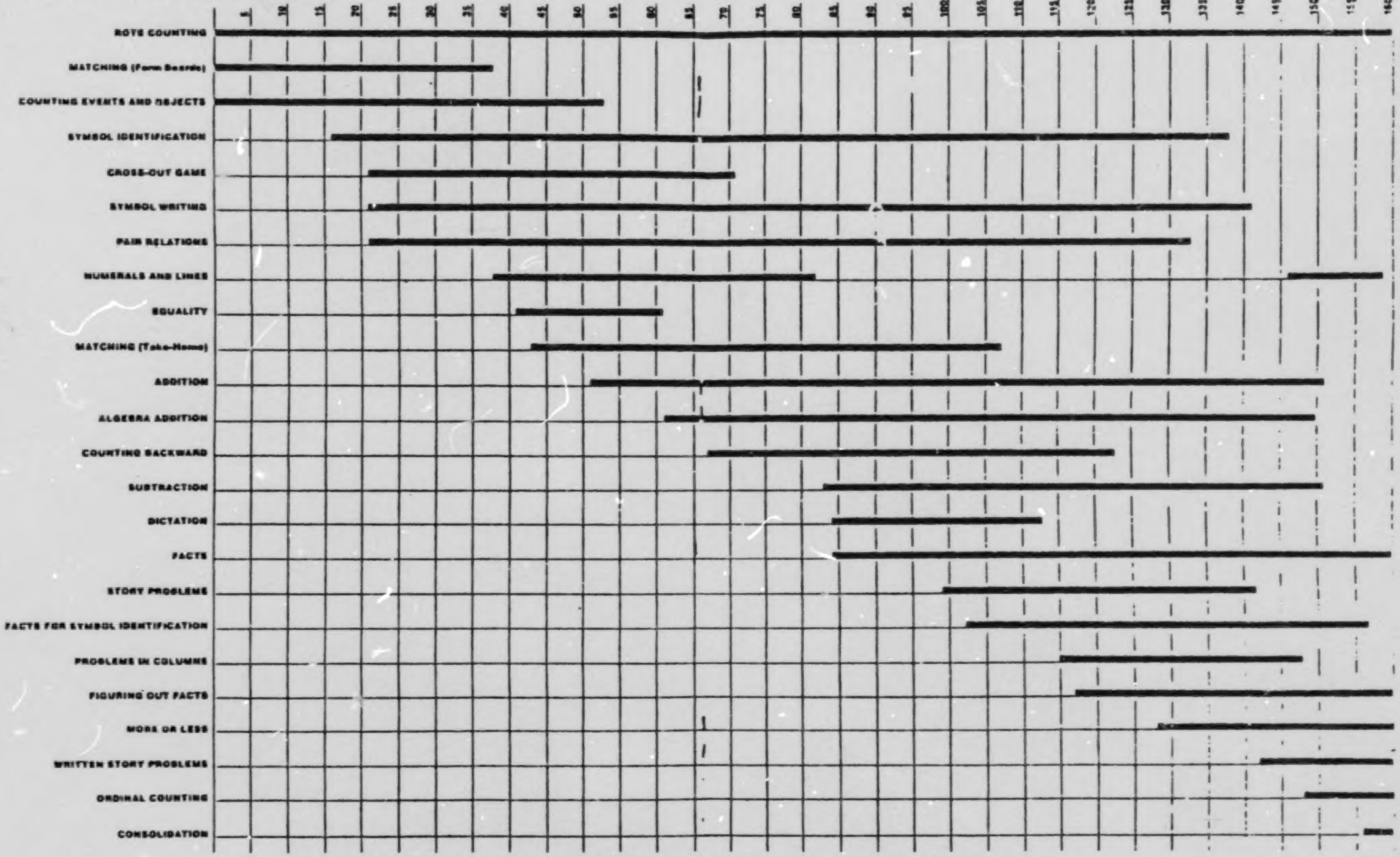
Distar Arithmetic I Scope and Sequence Chart



To be in full compliance, a scope and sequence would be available for all areas covered in the child's IEP. If any are not available, only partial compliance would be given.

**2. A daily schedule of events is written for each child.

A daily schedule is a breakdown of events or activities which happen each day and a time line for their occurrence. The daily schedule may be located on a large wall chart stating the schedules for all children, or it can be found written in each child's folder or program book. The important criterion is that the schedule is written out; activities, person responsible for the lesson, and the materials that will be used to teach the lesson should be included.

An example of a daily schedule follows:

Child's Name ______________________________

Times	Activity	Responsible	Materials Used
9:00- 9:30			
9:30-10:30			
10:00-10:30			
10:30-11:00			
11:00-11:30			
11:30-12:00			
12:00-12:30			
12:30- 1:00			
1:00- 1:30			

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Full compliance is given if the child's schedule is written and partial compliance is given if the teacher can state the schedule verbally.

**3. Curriculum materials or adaptations of existing materials are suggested in each child's daily plan.

Commercial or teacher-made curriculum materials or activities can facilitate the accomplishments of stated objectives in the IEP. For example, if a commercial program is designed to teach oral language development, that material should be designated in the child's daily plan of activities.

It is sometimes difficult to judge on a short observation the efficiency of curriculum materials. To facilitate evaluating the effectiveness of curriculum, the following is a list of questions that could be utilized:

(a) Is the curriculum appropriate for the population with which the school uses it?
(b) Is the program easily adapted to meet individual differences?
(c) Does the program include these adaptations?
(d) Are procedures outlined for placing students in the program?
(e) Are procedures outlined for measuring daily progress?
(f) Are mastery criteria specified and are they appropriate?
(g) Is enough and appropriate practice provided?
(h) Does the program include a task analysis for each skill it teaches?
(i) Are correction and reinforcement procedures specified?
(j) Could a parent or paraprofessional easily understand and use this program?

Many times due to a child's individual needs, a program may not quite meet his needs. When this occurs, the program must be adapted to meet the unique needs of the child.

The teacher should write out objectives and teaching procedures for any program which is either adapted or teacher-made. When a program is adapted, specific reasons should be stated for program alterations, such as "expressive language level was not sufficient for child to respond in a complete sentence, so three-word phrases are acceptable for Susie at this time."

Examples of methods of adaptation that can be made are:

(a) change the response called for, and

(b) break the task down into smaller steps.

The team will determine if curriculum materials being utilized are best suited. This will be determined through a conversation with the child's teacher.

**4. When curriculum materials are absent, teacher-written programs are included.

If no appropriate commercially-made materials are available or the teacher so desires, the teacher will write a program or lesson plan outlining methods to teach the objective. These programs will serve as the source of instruction for that objective.

An example of a teacher-written program appears on the following page. Full compliance is given when teacher written programs are found in place of commercially made materials. If commercially made materials are being used, this item does not apply.

Learner________________
Date started________________
Date mastered________________
Supervisor________________
Implementor________________

Program name Matching (Size: Big - little
Terminal objective In a one-to-one tutorial situation, the student will be able to independently match objects by size (three dimensional volume) upon request and without assistance.

Reinforcement________________

Correction________________

STEP	MATERIAL	WHAT YOU DO WITH THE MATERIAL	WHAT YOU DO AND SAY	WHAT THE LEARNER DOES	TRIALS	CRITERIA
1	5 red big paper boxes (≈2 x 5 x 7)	Place one box as model. Place four others in front of student.	Say, "Put all the big boxes here."	Places four boxes with the model.	3	3/3
2	5 red big boxes and 1 little box (≈1 x 2 x 3)	Place one big box and one little box as models. Place four red boxes in front of student.	Say, "Put all the big boxes here." Point to the big box as an example.	Same	3	3/3
3	5 red big boxes and 5 white little boxes	Place one big and one little box as models. The other 8 boxes mixed in front of student.	Say, "Put all the big boxes here," (Point to a big box as an example.) and "Put all the little boxes here." (Point to a little box as an example.)	Matches 8 boxes.	3	3/3
4	4 big red boxes; 1 big blue box; 5 little white boxes	Place one big red and one little box as models. Other boxes mixed in front of student.	Same	Same	3	3/3
5	3 big red boxes; 1 big blue box; 1 big green box; 5 little	Same	Same	Same	3	3/3

**5. A monitoring (data collecting) system that is appropriate is established for each objective in the child's program.

A short-term objective will state a specific criteria level for its accomplishment, e.g., 80 percent, 8 out of 10 correct responses. A data collection (monitoring) system should be included to determine when objectives are passed. There are several methods of collecting data. An example of data collection would be to count correct and incorrect responses and determine a percentage correct. Criteria should be established for passing objectives. The daily monitoring system should be capable of determining when and if the objective is achieved.) An example of a data collection sheet is found on page 46.

Full compliance is given when a monitoring system is written and systematic, and includes spot checking of progress as well as pre-post data. Partial compliance would be given if only pre-post model is used.

**6. Each child is involved in at least one-half hour per programming day of individual programming performed or supervised by an appropriate specialist.

Most programs present some or all activities in small and large groups. This objective means that out of an entire day, at least one-half hour is spent conducting one-on-one instruction with the child. This instruction can be delivered by an aide or volunteer, but it must be supervised by an appropriate specialist. The team should be presented evidence of such individual programming. Full compliance is given if the team can observe the individual instruction or it is written into the daily plan. Partial compliance is given if the teacher verbally states the individual instruction does take place.

**7. Children who are behaviorally handicapped have a behavior program specific to their needs included in their daily programming.

Behavior programs should be specific to individual needs of the child. Programs can deal with eliminating inappropriate behaviors or with improving any appropriate social behaviors.

**8. A cumulative folder is kept for each child.

A complete cumulative folder would include the following items:

(a) completed IEP,

(b) all medical records,

(c) placement and referral information,

(d) required parent consent forms,

(e) evaluation reports,

(f) anecdotal records, and

(g) previously used daily program sheets.

It is important that all pertinent information on a child be readily accessible within the classroom. If a school district requires that permanent records be kept other than in the classroom, a copy of the child's IEP, anecdotal records, and daily program sheets and any other program data should be accessible within the classroom.

To be in full compliance for this criterion, 80 percent of the items must be included in the cumulative folder. Partial compliance would be given if less than 80%.

**9. Given the name of a child, the staff member can state exactly the daily programs for that child and can relate the daily program back to the IEP.

Interview a sample of classroom staff regarding certain children they are responsible for to document this. Full compliance is given if randomly asking staff members to explain a certain child's program results in verbal explanation of such program are given.

PROGRAM DEVELOPMENT AND OPERATION

Program development and operation activities have three general objectives:

1. To raise funds from a variety of sources, to achieve a broader funding base and to improve program facilities, purchase equipment, and improve classroom programs.
2. To develop long-range plans leading to improved interagency liaisons which facilitate children's transitions from agency to agency.
3. To provide for an information flow which provides confidentiality safeguards.

EXPLANATORY DETAIL FOR PROGRAM DEVELOPMENT AND OPERATION CRITERIA

1. The LEA has submitted an LEA application for activity 3100 and 1974.

The BIA base funding for regular education and special education (activity 3100) is based on pupil per capita formula. Excess costs are those costs of special education and related services which exceed the 3100 funding for special education. The excess cost (activity 1974 or Title IV Part B) comes from P.L. 94-142 which is based on total number of handicapped students receiving services by handicapping category. Documentation of funding sources and/or LEA application should be available for the team to review.

2. The LEA has daily expenditure accounts for various service delivery systems by elements/components.

The LEA is accountable for its budget. There are stipulations attached to excess cost Part B funding to ensure that the funds are used only in a manner consistent with the goal of providing free, appropriate public education for all handicapped children. Part B funds are not commingled with state or other Federal funds. The base funding should be exhausted before Part B funds are used. This ensures that children served with Part B funds have at least the same average amount spent on them, from sources other than Part B, as do the children in the school district taken as a whole.

The above assurance is satisfied by the use of a separate accounting system that includes an "audit trail" of the expenditure of the Part B funds. To be in compliance with this criterion, the school should have an accounting journal to show the visiting team.

**3. The LEA has submitted applications for additional funding.

An attempt made by the school to solicit additional funding above and beyond the program's budget indicates that the special education program is a priority. To be in full compliance, the school has records of one or two applications submitted for additional funding. For partial compliance, the school submitted one application or none depending on the needs of the program. No compliance would be no application submitted by the school for additional funding when the program is in bad need of additional funding.

**4. The LEA has written procedures regarding program referral, evaluation, placement, IEP, termination of services for the student, and follow-up of students leaving the program.

A handbook outlining procedures for referral, evaluation, placement, IEP development, etc., makes it easier for new employees and parents to become acquainted with the program. It also promotes program organization and consistency. Compliance can be judged by the availability of the handbook or written procedures.

5. The LEA has developed and uses forms for releasing information to other agencies.

Disclosure of records with the child's personal identifiable information to anyone other than parents or parents' designated representative must be closely controlled. The school must obtain parental consent before disclosure to another agency. The parent should understand and agree in writing as to the reasons for releasing information on the child. Compliance is determined by the availability of a blank release form or a signed form.

6. The LEA has developed and uses appropriate forms for requesting information from other agencies.

The school must obtain parental consent in requesting the child's personal identifiable information from another agency. Persons authorized to receive personally identifiable information may not disclose that information without further parental consent. School must avoid the temptation to get "blanket" permission from parents. To be in compliance, the school should have on file a blank form or a signed release form.

7. Confidential information is protected.

The LEA should protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages. One person should assume responsibility for ensuring the confidentiality of any personally identifiable information on students. The LEA should maintain, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information. Documentation can be done by inspecting the files or list of names.

**8. The LEA has procedures for monitoring the quality of work performed by outside contractors.

Services provided by outside sources, e.g., inservice training, workshops, assessments, support services, etc., should be closely monitored by the contracting officer of the LEA. Adequate procedures should be used to certify that services have been received in accordance with the contracted work scope. A copy of the contract work scope should be made available for the team to review.

**9. The LEA has pertinent documents on file.

The following items should be made available.

(a) P.L. 94-142 regulations;

(b) Procedures for evaluating Specific Learning Disabilities regulations;

(c) Current BIA State Plan;

(d) Area Special Education Plan;

(e) LEA application;

(f) Regulations for BIA special education.

FACILITY

Every public building designed, constructed, or altered shall be in accordance with the standards established by the Architectural and Transportation Barriers Compliance Board. One is to ensure whenever possible that physically handicapped persons will have ready access to and use of public buildings. This also means redesigning of equipment, reassignment of classes or other services to accessible buildings to be utilized by physically handicapped students.

Explanatory Detail on Facility Criteria

**1. The facility meets Bureau of Indian Affairs guidelines for the amount of floor space required for each child.

Approximately 36 square feet of floor space per child is required by BIA regulations.

**2. Special education instructional areas, including itinerant, are placed in areas which facilitate integration with regular students.

Location of instructional areas must contribute to the concept of "mainstreaming". A child who spends time in multiple settings needs variation of settings that promotes interaction with the nonhandicapped students. (Also reference *note)

**3. Special education classes are well distributed throughout the system.

Handicapped students must be provided the opportunity to interact with the general student body. They must not be isolated in a separate outbuilding away from the regular instructional area, e.g., a trailer situated away from main building used as special education classroom. (Also reference *note)

4. The quality of special education instructional areas is at least equal to those for regular education.

Storage rooms, closets, old furnace rooms are not acceptable for handicapped student classrooms if regular classrooms are better. Instructional areas for handicapped children should be well maintained, attractive, and free of auditory and visual distractions from outside. Instructional areas should have adequate space, light, ventilation, acoustics and temperature control. (Also reference *note)

5. At least one building at each level (elementary, middle, high school) is accessible to mobility-impaired students, e.g., ramps, elevators, wide doors, etc..

While a school district need not make each of its buildings completely accessible, it may not make only one facility or part of a facility accessible if the result is to segregate handicapped students in a single setting.

*Note: While a school district need not make each of its buildings completely accessible, it may not make only one facility or part of a facility accessible if the result is to segregate handicapped students in a single setting. Reference #2, 3, 4 above.

**Note: Most items in this section relate to Sec. 504 of the Rehabilitation Act.

STAFF CRITERIA

The primary purpose of programs for handicapped children is to improve the functioning level of these children. Such programs require qualified and committed staff members. Programs should have specified roles for personnel, a planned sequence of staff development activities, and a staff evaluation system.

Developing a system for evaluating the effectiveness of staff development programs is an essential component of an overall evaluation plan and when combined with systems for evaluating other components, it provides complete evaluation data regarding the program. Development of a staff development evaluation system allows the data collection which documents: (a) activities in the staff development program, (b) staff progress in skill areas (knowledge, planning, and implementation), and (c) staff involvement and satisfaction.

Staff development activities usually start with a needs assessment which documents staff training needs. When consensus is reached on these needs, they can be incorporated into an overall staff development plan. If the capability to provide training is found within the school staff, responsibility can be assigned to these individuals. Sometimes the needed staff development will involve visits by one or more staff members to other sites. At other times outside consultants may be brought in to train the staff.

EXPLANATORY DETAIL ON STAFF CRITERIA

1. This school has a written plan for ongoing staff inservice training.

This plan should include the activities to be undertaken in staff development areas, the person assigned responsibility for each activity, and some system for evaluating the effectiveness of each activity.

There should be documentation that staff members have had an active role in formulating the staff development plan.

**2. This school staff is formally evaluated once per year.

The school should have a written evaluation system for this activity. Included here also would be an evaluation of the school administrator by the school staff. Documentation would include copies of evaluation forms utilized.

**3. The staff had an acceptable turnover rate during the past year and has documented specific reasons for staff turnover.

Turnover occurs for a wide variety of reasons. Documenting turnover will reveal whether personnel are leaving for normal reasons (advancement, marriage, pregnancy, better pay, etc.) or leaving because of burnout or dissatisfaction with the program. Turnover which is higher than 25% a year is considered high using national averages. To be in full compliance for this criterion, the school should have documentation as to the rate and reasons for staff turnover. To be in partial compliance, the school personnel would be able to state reasons for turnover rate. The school should determine the turnover rate as due to normal reasons or burnout.

4. All special education services which should be provided to children are appropriately supervised by a person with professional certification.

Due to legal, moral and professional obligations, all handicapped children have the right to a free, appropriate public education implemented by trained personnel, e.g., special education teachers, speech pathologists, physical therapists, etc. Paraprofessionals involved in the delivery of services to children should provide instructions under the supervision of a qualified person. To be in full compliance , all paraprofessionals are working under the supervision of a qualified staff.

**5. The school has written job descriptions for each staff member.

A well-written job description helps an employee to carry out his/her role and responsibilities as required by the position. Written job descriptions should be on file for each staff member involved in the special education program. To fully meet the above criterion, the school should have job descriptions on file for each staff member 90 to 100% of the time. Partial compliance would require the school to have job descriptions on file 50 to 89% of the time. Anything less is no compliance.

**6. Paraprofessional staff members receive feedback at least once weekly on instructional programs they are carrying out.

Feedback should take the form of information given to the classroom aides after they have been directly observed carrying out a program. This could take the form of a note or a one-page evaluation sheet. To be in full compliance for this criterion, the supervising person has on file evaluation notes indicating that observation is done once a week or once every other week. To be in partial compliance, evaluation notes show that observation is done once a month to once every two months. More than three months would indicate no compliance.

**7. Individual staff members have input into evaluation of the school administrator.

Staff members complete a written evaluation of the school administrator at least once a year. To be in full compliance, copies of evaluation forms utilized in this process should be available. Partial compliance is given if the staff members can describe the evaluation system.

PARENT INVOLVEMENT

It is inevitable that parent involvement is part of a goal of providing full educational opportunity to all handicapped children. The school must have written procedures to ensure it makes provision for participation of and consultation with parents or guardians of handicapped children regarding referral, evaluation, placement, IEP, service delivery, and due process when necessary. Parents must be notified beforehand that a meeting involving their child will take place. Scheduling of such meetings must be done on a mutually agreed upon time by both the parents and the staff. It is essential that the school provide an interpreter when the parents' dominant language is other than English.

Parents who are actively involved in their child's educational program acquire a great deal of expertise with regards to their child's learning style and various educational techniques which are appropriate for their child. They can transmit this information to other agencies who will be working with their child in the future. Also, they serve important advocacy roles and provide valuable input by serving on project advisory councils.

EXPLANATORY DETAIL ON PARENT INVOLVEMENT CRITERIA

**1. Parents are invited to observe and participate as appropriate in the screening/assessment of their child.

Parents should be invited to view certain assessment activities such as observing the evaluator give the various types of instruments, the interaction between the evaluator and the child. This observation is important because the parent will be able to ask questions as to why the evaluator gave certain instruments and did certain activities. To be in full compliance, the school has on file written notes that two or more parents observed and participated in the screening/assessment of their child. Partial compliance could be given if staff members verbally agree that the parent observed and participated for one and/or two children, but no written records exist.

2. Parents should actively participate in determining the child's placement and developing his/her IEP.

P.L. 94-142 requires that parents participate in determining the child's placement and developing an IEP. If neither parent can attend, the LEA should use other methods to ensure parent participation, including home visit, telephone calls, etc. Detailed records of attempts made or copies of correspondence should be on file. Documentation can be the parent's signature following a statement of agreement on the IEP form. Full compliance will show that all current IEPs are signed by the parents. Partial compliance could be given if previous IEPs are signed, and not more than three current IEPs are blank, but staff say parents were contacted.

3. Parents are given an opportunity to examine all records of their child.

Access to such information allows parents to hold educators accountable for their decisions and actions. For example, a parent may read his/her handicapped child's entire record, request an interpretation of any of the information therein, and challenge the content of the records by requesting that they be amended. A copy of the written policy on examining of records is distributed to parents. A copy of a letter or notification should be on file showing that parents are given the opportunity to examine their child's records.

4. Parents are given written notice prior to any change in the child's placement or IEP goals.

Parents should have received a written explanation of the fact that they will be notified prior to making any changes in their child's program. A copy of this notification should be in the child's folder.

**5. Parents receive written reports on their child's progress at least twice yearly.

It is the obligation of the school to keep the parents informed on the progress of their child. Documentation should show to whom reports were sent and the date they were sent. If the language of the parents is other than English, the school should make available an interpreter to explain the reports to the parents. Full compliance should show that reports are sent to the parents and interpreted where necessary for all handicapped students at least twice yearly. Partial compliance would entail reports on all students are sent, but no interpreter, and done at least once yearly.

**6. Parents are invited to the classroom to observe the educational techniques used with their child.

It is the obligation of the school to invite and welcome the parents to the classroom to observe the learning process of their child and how they interact with other students. This helps the parents to become aware of their child's daily activities and the concept of special education. To be in full compliance, the school is able to produce letters of invitation. There would be partial compliance if the staff say letters were sent but no documentation exists.

**7. Parents receive information regarding support services or programs offered by other agencies.

Documentation can be in the form of notes of an interview with a parent, an outline of topics to be covered in such interviews, handout describing such services which is given to parents, or a record of an oral presentation to parents. There would be full compliance if the school has on file all written documentation, partial compliance if the school says they do it but nothing is written.

**8. Parents are invited to a formal orientation program at the beginning of the program year.

An outline of orientation content could serve as documentation.

9. Parents receive training in exercising their rights and responsibilities.

Under Public Law 94-142, parents have certain rights and responsibilities to ensure that their handicapped child is receiving a free and appropriate education. Information concerning these rights and responsibilities could be disseminated in newsletters, parent training sessions, letters, and/or home visits. Written documentation should be available to substantiate the type of training which was given. Partial compliance would be given if staff say that it is happening, but no written documentation is available.

DUE PROCESS

Due process refers to the right of a citizen to protest before a government takes action with respect to him or her. This is a right guaranteed each handicapped individual through P.L. 94-142. For the handicapped child, this right refers to having the power to protest actions of the state education agency (SEA) or the local education agency (LEA) which affect him. Procedural due process, the right to protest, is a necessary educational ingredient in every phase of the handicapped child's education. The SEA or LEA may also initiate a hearing in disputed references concerning the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child.

EXPLANATORY DETAIL ON DUE PROCESS CRITERIA

*1. The child's parent or guardian are notified (in writing or verbally) in their dominant language that a due process hearing is being initiated.

The notice must describe the action the school proposes to take, the reasons for it, and available alternative educational opportunities. Also included is the right to a conference before the school evaluates or places a child. The notice must inform the parent of the reasons for the proposed action and of his right to object to the proposed action, to receive a hearing on his objections, and to obtain free medical, psychological, and educational evaluations. The agency must inform the parents about any available low cost or free legal aid in the geographic area. To be in full compliance, the school must have procedures for notifying parents in writing. Partial compliance is given when the school can verbally state what these procedures are.

2. Due process hearings are conducted by an impartial hearing officer independent of the local school authorities at a time and place convenient to the parent.

Procedural due process allows a potentially adversely affected person to protest proposed SEA or LEA action and it also furnishes him with a forum where he can present his objections and have them heard and ruled on by a disinterested party. To be in full compliance, the LEA must be able to document that previous DPH's have been conducted by hearing officers, or have written policies in a manual stating the procedures for screening a hearing officer if one is needed, or have agreements on file from qualified DPO's that they would be willing to serve. Partial compliance is given if the school can state verbally how they would acquire a due process hearing officer.

3. Hearings are conducted according to due process procedures.

The parent must be informed that he has the right to be represented at the hearing by counsel, to present evidence and testimony, to confront and cross-examine witnesses, to examine school records before the hearing, to be furnished with a verbatim transcript of the hearing if he wishes to appeal the decision of the hearing officer, to receive a written statement of the findings of fact and conclusions of law, and to appeal any decision.

The LEA shall ensure that not later than 45 days after the receipt in writing of a request for a hearing, a final decision is reached in the hearing. The policies to conduct these activities must be written and all inclusive to be judged as full compliance. If procedures are only given verbally and items have been left out, only partial compliance will be given.

**4. Disciplinary procedures do not exclude children from necessary special education services.

In the past, some disciplinary procedures were misused to exclude handicapped children from public schools. An example is suspending children who are behavior problems. Court decisions now prohibit the application to those procedures in such a way as to exclude handicapped children from education. Suspension and other disciplinary action may not be accomplished until notification to the parent of the action to be taken and the reasons for it. This includes the right to an evaluation and examination of the school records by the parent.

5. Surrogate parents are assigned in accordance with the law.

SEAs are required to ensure that the rights of a child are protected if his parents are unknown or unavailable or if the child is a ward of the state. This requirement is met by having written procedures as to how SEA would assign a parent surrogate. Basic requirements include no conflict of interest and the individual should have the skill to represent the child in all matters relating to identification, evaluation, and educational placement of the child. A superintendent or other employee of an institution in which a child resides may not serve as a surrogate for him. Having written documentation meets full compliance and having the procedures stated verbally would result in partial compliance.

PUBLIC LAW 94-142 REFERENCES

** = not required by P.L. 94-142
* = required by BIA State Plan

	Reference	
	Page	Section
I. Child Find		
1. Documentation of written Plan	42482	121a.128
2. Documentation contact	"	"
3. Percentage children served	"	"
4. Written referral plan (rewrite as placement/service options)	"	121a.132
II. Multidisciplinary Evaluation		
1. Evaluation by more than one	42497	121a.532
2. Valid and appropriate tests	42496	121a.532
3. Parental signatures/consent	42495	121a.503
4. Evaluation report understandable	42495	121a.505
**5. Specific programming suggestions		
6. Data from referral source	42497	121a.533
7. Medical data	42496	121a.532
**8. Handicapping condition		
*9. Criteria determination of classification		
*10. Report explained to parents		
**11. Behavior observations		
**12. Synthesized format		
13. Dominant language	42496	121a.532
14. Triannually	42497	121a.534
III. IEP		
1. Present level functioning	42491	121a.346

	Reference	
	Page	Section
2. Annual goals	42491	121a.346
3. Short-term objectives	"	"
4. Start and completion date/services	"	"
*5. Person responsible		
6. Short-term evaluation	"	"
**7. Date of initial placement		
8. Statement of related services	"	"
9. Parent signatures/IEP		
**10. Team signatures		
**11. Summary statements		
12. Annual review of placement	42490	121a.343
**13. IEP linked to daily programming		
IV. Least Restrictive Environment		
1. Handicapped integrated	42497	121a.550
2. Alternative placement available	"	121a.551
3. Attend same school	"	121a.552
4. Teachers/administrators informed	42498	121a.555
*5. Potential harmful effects		
V. Daily Program		
**5.1 Scope and sequence		
**5.2 Daily schedule		
**5.3 Curriculum materials		
**5.4 Teacher written programs		
**5.5 Monitoring system		
**5.6 Individual programming		

	Reference	
	Page	Section
**5.7 Behavior programs		
**5.8 Cumulative folder		
**5.9 State child's program		
VI. Program Development		
1. LEA application/3100, 1974	42486	121a.229
2. Account for service delivery	42486	121a.228-230
**3. Additional funding		
**4. Written procedures		
5. Forms/release	42486 42498 42499	121a.221 (121a.561) 121a.571
6. Forms/requests	" 42494	" (121a.500)
7. Confidentiality	"	"
**8. Work scope with contractors		
**9. Pertinent documents on file		
VII. Facility		
**7.1 Floor space		
**7.2 Special education instruction areas	These probably relate more to Sec. 504. Could find no reference in P.L. 94-142 nor in BIA Plan.	
**7.3 Classes well distributed		
**7.4 Special education classes equal to regular education		
**7.5 Building accessible		
VIII. Staff		
1. Written plan/staff training	42492	121a.383
**2. Staff annually evaluated		
**3. Acceptable turnover rate		

	Reference Page	 Section
4. Certified personnel	42497	121a.12
**5. Written job descriptions		
**6. Performance feedback		
**7. Staff evaluations		
IX. Parent Involvement		
**1. Parent observation/assessment		
2. Parent participation/IEP	42490	121a.343
3. Parent examination records	42491	121a.502
4. Written notice	42495	121a.504
*5. Written reports		
**6. Parent observation/instruction		
**7. Parent information/support services		
**8. Parent invitation		
9. Parent training	42498	121a.561
X. Due Process		
*1. Parent notification		
2. Impartial hearing officer	42495	121a.507
3. Due process hearing	42495	121a.508
**4. Nonexclusion		
5. Surrogate parents	42496	121a.514

Student Assessment Workshop II

Fort Defiance Agency School Personnel

August 11-12, 1982

Topic 2 - Assessment

Forward

Included in this topic was a series of exercises from which teachers identified and then prepared clear and appropriate referral questions. Also included was a review of the student referral forms, and the psycho-educational critique form. The instructions in the manual for the "Teacher Rating Scale" (see Appendix E) were presented and discussed along with the "CAMS" self-help criterion-referenced tests.

This was followed by a presentation of three short case studies in which data from actual cases were included. Participating personnel were then asked to develop referral questions and provide pre-referral assessment data. The final section of this topic provided examples of psychological testing reports in which participants were asked to abstract information to be included in a student IEP (see Appendix C).

SPECIAL EDUCATION REFERRAL FORM

NAME: ______________________ DATE OF REFERRAL: ______________

DATE OF BIRTH: ________________ AGE: _____ SEX: ___________

PARENT/GUARDIAN: ____

ADDRESS: ____________________________ PHONE: ___________
____
____

REFERRAL SOURCE: ____

ADDRESS: ____________________________ PHONE: ___________
____
____

CONTACT PERSON: ____

What agencies/professionals have previously worked with this child and why?

1. ____
2. ____
3. ____

Why is the child being referred for special education services? Please list specific concerns and your reasons for them.

1. ____
____
2. ____
____
3. ____
____
4. ____
____
5. ____
____

Special Education
Page 1 of 3

BUREAU OF INDIAN AFFAIRS

Student Screening Scale
PRESCHOOL AND KINDERGARTEN LEVEL - SHORT FORM A

Child's Name: ______________________________ Date Rated: ___/___/___
Last First Middle

School: ______________________ SES # ________ Grade: ________ Sex: F M

Teacher - Rater: ______________________________ Date Enrolled: ___/___/___

Will you kindly review the records, current performance, and educational progress of this student and give consideration to the student as a candidate for placement in a special education program for exceptional children in light of Bureau of Indian Affairs standards for identification and placement. Complete this form and return it to your school principal no later than ___/___/___/

CHECK (✓) ANY OF THE CHARACTERISTICS BELOW WHICH APPLY TO THIS STUDENT:

READINESS SKILLS UNDERDEVELOPED

- ☐ Self-Feeding, Washing Delayed
- ☐ Self-Dressing, Toileting Delayed
- ☐ Language Development Delayed
- ☐ Basic Information Deficient
- ☐ Reading Readiness Delayed
- ☐ Number Knowledge Lacking
- ☐ Drawing/Copying Skills Poor
- ☐ Writing Name, Alphabet, etc., Delayed
- ☐ Fine Motor Skills Underdeveloped (cut, paste, etc.)
- ☐ Gross Motor Skills Delayed (hop, balance, etc.)
- ☐ Slow, Disabled Learner

BEHAVIORAL PROBLEMS

- ☐ Withdrawn Seriously
- ☐ Aggressive Behaviors
- ☐ Emotionally Immature
- ☐ Dependent Behaviors
- ☐ Hyperactive Behaviors
- ☐ Classroom Discipline Problem
- ☐ Peer Relations Inadequate
- ☐ Short Attention Span
- ☐ Self-Concept Poor
- ☐ Motivation Inadequate
- ☐ Attendance Poor

HEALTH IMPAIRMENTS

- ☐ Visual Problems Suspected
- ☐ Hearing Problems Suspected
- ☐ Crippling Condition ______________
- ☐ Dental Problems
- ☐ Specific Health Problem ______________
- ☐ Physical Fitness Poor
- ☐ General Health Poor
- ☐ Personal Hygiene

BACKGROUND FACTORS

- ☐ History of Developmental Delay
- ☐ History of Behavioral Problems
- ☐ History of Academic Problems
- ☐ History of Environmental Disadvantage
- ☐ Cultural Divergence Compounds Problem
- ☐ Multilingualism Compounds Problem
- ☐ Cultural Divergence Explains Problem
- ☐ Multilingualism Explains Problem

SPEECH IMPAIRMENTS

- ☐ Articulation Difficulties
- ☐ Stuttering
- ☐ Other ______________________

GIFTEDNESS

- ☐ Intellectually Gifted
- ☐ Outstanding Talent ______________
- ☐ Scholastic Achievement Outstanding

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Based upon this review, check one of the four boxes below and sign this form.

_____ Student may be gifted and/or exceptionally talented. I have completed and attached a referral form for the gifted and talented.

_____ Student is progressing adequately and there are no significant teacher observed signs of a handicapping condition.

_____ Student is progressing inadequately but there are no significant teacher observed signs of a handicapping condition. Educational disadvantage, language, lack of exposure, or other problems probably explain his difficulties. I recommend ________________
____
____

_____ Student is progressing inadequately and/or there are some significant teacher observed signs of a handicapping condition. I have completed and attached a detailed rating scale and/or a referral form on this student. I recommend that this student be considered as a candidate for an educational evaluation to determine eligibility for special education.

____
Teacher's Signature

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STUDENT REFERRAL

Page 3 of 3

(Complete when appropriate and return to school principal.)

Name: ________________________________ Date Rated: ____/____/____
Last First Middle

School: ____________________ Grade: __________ DOB: ____/____/____

Teacher: ____________________ Census # __________ CA: ____/____

---

1. Briefly describe in specific terms the academic behavioral, health, and/or speech characteristics which you checked as problems on the first page of this form. (Describe signs of giftedness or outstanding talent if appropriate.)

2. Briefly describe the language and ethnicity of the child and home. Indicate whether multilingualism, cultural divergence, or suspected educational disadvantages are: 1) irrelevant, 2) explanatory, or 3) compounding factors as far as this student is concerned.

3. What do you think caused and/or maintains the student's problems?

4. What special attempts have the school and you made to remediate the student's problems or enrich his education?

5. Describe the student's current academic and behavioral functioning in the classroom - estimate grade equivalence, especially in basic skill areas. Attach samples of student's work and give recent test scores. Discuss strengths as well as weaknesses.

6. What specific questions would you like answered through the diagnostic evaluation?

____
Teacher's Signature

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MULTIDISCIPLINARY EVALUATION TEAM

Evaluation Area	Appropriate Team Member
Speech and Language	Speech Therapist Audiologist
Motor	Physician Physical Therapist Occupational Therapist
Self-Help	Physical Therapist Occupational Therapist Special Education Teacher Vocational Rehabilitation Specialist
Social-Emotional	Psychologist
Academics	Psychologist Special Education Teacher

CASE STUDY #1

NAME: Veronica Tsosi

DATE OF BIRTH: September 6, 1976

GRADE: 1st

BACKGROUND: Veronica is a timid little girl who lives with her mother and father by Yatahey, New Mexico. She is the youngest of 8 children and has never been to school. She doesn't speak any English and is not living in the Dorms. She is always looking at the ground and frequently cries (especially when asked questions). She has older brothers and sisters in school, but they think she is a baby and ignore her.

REFERRAL: Veronica was referred by her 1st grade teacher Mrs. Yazzie because she can't seem to perform any work in class and cries all the time. Occasionally Veronica wets her pants and the other children tease her.

CASE STUDY #2

NAME: Calvin Begay

DATE OF BIRTH: January 22, 1972

GRADE: 4th

BACKGROUND: Calvin is the second oldest of four children who lives with his mother & father by Three Turkeys. He has attended Crystal Boarding School for the past three years. Calvin has a hard time with school but is never a problem in class. He was supposed to be tested for special education last year, but came late to school (after the Fair) and so remained in the regular classroom. Calvin seems to enjoy school and tries, but has limited English abilities. When he first comes in for testing you notice that he squints from time to time to see the pictures you show him. He is a friendly child and very cooperative.

REFERRAL: Calvin was referred by his teacher last year, Mrs. Chee, who has since moved to another school. His fourth grade teacher has only worked with him for two weeks and noted that he is unable to read very well. Calvin is also having some problems with math, and whenever she has problems on the board he misses them. Calvin is no trouble in class, but she wants to know if he is eligible for special education.

CASE STUDY #3

NAME: Max Watchman

DATE OF BIRTH: May 17, 1969

GRADE: 5th

BACKGROUND: Max lives with his grandmother in Ganada, but has transfered to Toyei Boarding School for the 1982-83 school year. He attended three different schools during the past six years but you do not have a current file. You learned from some of the other students that his mother and older sister were killed in an automobile accident two years ago. Max says that his Dad works in Navajo, but he doesn't know where his Mom is living. Max is a big boy (the tallest in his class) and says he likes to play basketball. When asked how he feels about school, Max doesn't answer.

REFERRAL: Max was referred by his 5th grade teacher Mr. Jackson who wrote: Danny is having trouble reading, and can't spell very well. He is often a bully in the dorms and on the playground, but usually quiet in class. He has many academic problems.

ASSESSMENT DEMONSTRATION EVALUATION

CORRECT	INCORRECT

RECOMMENDATIONS:

CAMS SELF-HELP
Developmental Chart

Age Level	Feeding Skills	Dressing Skills	Personal Hygiene Skills	Toileting Skills
0-6 mos.	F1. Closes his lips on a nipple. F2. Sucks on a nipple. F3. Opens his mouth on approach of a nipple. F6. Brings his hand to his mouth.		PH4. Allows himself to be bathed. PH5. Allows his hair to be washed.	
7-12 mos.	F7. Closes his lips on a spoonful of strained food. F8. Moves food around his mouth with his tongue. F9. Reaches for and holds the bottle or breast. F10. Drinks from a glass held for him. F11. Eats lumpy or "junior" food. F12. Feeds himself by using his fingers. F14. Chews solid food.	D16. Helps in dressing and undressing by holding out his arms and legs.	PH13 Splashes his hands in water. PH15 Allows his teeth to be brushed.	
13-18 mos.	F18. Begins to eat with a spoon. F19. Holds a glass in both hands and drinks. F20. Feeds himself using a spoon.	D17. Pulls off his socks.		
19-24 mos.	F25. Unwraps food.	D22. Takes off his coat. D23. Takes off his pants. D24. Puts on his pants. D26. Takes off and puts on a loose hat. D27. Unzips a zipper. D28. Removes his shoe after the laces have been loosened.	PH21. Allows his nose to be wiped with a tissue.	
25-36 mos.	F29. Eats with a fork in his fist. F32. Drinks from a straw. F45. Eats with a fork and spoon held underhand. F46. Sits in a chair throughout a meal.	D34. Loosens the laces and removes his shoes. D39. Opens snaps. D40. Takes off a pullover shirt. D43. Puts on his coat (floor method). D44. Puts on his sock.	PH30. Dries his face and hands. PH31. Washes his hands with soap. PH33. Wipes his nose. PH41. Obtains a tissue for use. PH42. Throws away the tissue after use. PH47. Blows his nose with assistance.	T35. Defecates in the potty. T36. Indicates his need to defecate. T37. Urinates while on the potty. T38. Indicates his need to urinate.
37-48 mos.	F62. Drinks from a glass held in one hand. F63. Uses a napkin at mealtime. F64. Cleans up his own spills. F66. Serves himself from a serving bowl. F67. Clears his place setting from the table after a meal. F68. Chews with his mouth closed. → F71. Spreads food with a knife.	D51. Puts on a pullover shirt. D52. Unbuttons large buttons on the front of clothing. D53. Buttons large buttons on the front of clothing. D55. Hangs his clothes on a hook. D56. Ties a half-knot on his shoelaces. D59. Folds his own clothing. D69. Puts on his shoes with reminders. D70. Puts on his boots.	PH54. Bathes himself with assistance. PH57. Brushes his teeth with assistance. PH60. Dries himself with assistance PH61. Rinses his mouth after having his teeth brushed. PH65. Washes his face.	T48. Stands to urinate in the toilet (boys only) T49. Flushes the toilet after use. T50. Obtains his own toilet paper. T58. Stays dry through the night.
49-60 mos.	F86. Cuts food with a fork. F88. Passes a serving bowl. F89. Helps to set the table.	D74. Laces his shoes. D75. Distinguishes the front from the back of clothing. D78. Hangs his clothes on a hanger in the closet. D80. Closes a snap. D81. Zips an open-ended zipper. D82. Puts on his coat (adult method). D84. Puts dirty clothing in a designated spot.	PH76. When reminded, keeps his nose wiped and blown. PH77. Bathes and dries himself. PH79. Brushes his teeth. PH83. Uses toothpaste. PH85. Combs his hair with assistance. PH90. Adjusts water temperature.	T72. Wipes himself with toilet paper. T73. Wipes after urination (girls only). T87. Uses the toilet without supervision. vision.

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CAMS SELF-HELP PROGRAM
PLACEMENT TEST

Name: ______________________ **Birthdate:** ______________________

Address: ______________________ **Date of Test:** ______________________

Phone: ______________________ **Examiner:** ______________________

This placement test is given to determine at what step the child should start in the program. The test items are the criteria from the final step of each of the program objectives.

Give the placement test individually to each child in a quiet room. Gather all required materials before starting the test in order not to distract the child and prolong the test. The criterion for each step is printed at the end of each test item. If the child meets the criterion, circle *YES*. If he does not, circle *NO*. Whenever possible, the examiner should directly observe the child engaging in the behaviors described in the criteria. If this is not possible, the examiner should interview the mother and accept her report *(RPT)* regarding the child's behavior. When it is necessary to accept a report, *RPT* as well as *YES* or *NO* should be circled next to the test item.

The test is divided into four sections covering feeding, dressing, personal hygiene, and toileting. Within each section start testing the child at a level below the child's actual age. The child may be presented with a task three times before a *NO* is scored on that item. Discontinue testing in each section after the child has three consecutive incorrect responses. When the test is over for each section, print the numbers of the first three items to which the child responded incorrectly in the three boxes at the top of the test. These will be the first three objectives on which the child will work in each area.

In some of the test items the child's position is described and a position number is given in parenthesis. This number refers to the number of the photograph that illustrates the position described. Whenever a position number is noted the photograph should be consulted to ensure that the child is placed in the correct position for learning the skill properly. These position photographs appear on pages 68 to 72 of this text.

Feeding ☐ ☐ ☐ **Dressing** ☐ ☐ ☐ **Personal Hygiene** ☐ ☐ ☐ **Toileting** ☐ ☐ ☐

Materials for CAMS Self-Help Program Test Kit

The following items are needed to administer the CAMS Self-Help Program Placement Test. They should be collected in advance and most of them can be stored in a box or bag. For more efficient use during testing, keep the items for each section separated.

The tester should refer to the placement test for a more detailed description of the items.

Feeding

1. bottle and nipple (premie nipple if needed)
2. small spoon
3. fork
4. knife
5. bowl
6. plate
7. small pliable plastic glass
8. straw with a ¼ inch diameter hole
9. paper or cloth napkin
10. high chair (if available)
11. table
12. regular chair
13. a variety of foods (see the individual test items on the placement test)

Dressing

child's clothing

1. loose fitting ankle socks
2. loose fitting coat
3. pants with elastic waist band
4. loose fitting hat
5. shirt or jacket with open-ended zipper in front
6. lace shoes
7. article of clothing with snaps
8. short-sleeve loose pullover shirt
9. shirt with buttons
10. pair of boots
11. clothes hanger

Personal Hygiene

1. two towels
2. washcloth
3. tub
4. baby shampoo
5. child's toothbrush
6. toothpaste
7. mirror
8. box paper tissues
9. soap
10. small glass
11. comb or brush
12. low stool (optional)
13. sink

Toileting

1. potty chair or toilet
2. toilet paper

FEEDING SECTION

YES NO RPT F1. **THE CHILD CLOSES HIS LIPS ON A NIPPLE (0 months).**

Materials: bottle or breast nipple, premie nipple if needed
Procedure: Cradle the child in your arm with his head slightly raised and bent forward (position 1). Insert the nipple into the child's mouth.
Criterion: The child closes his lips on the nipple for three seconds.

YES NO RPT F2. **THE CHILD SUCKS A NIPPLE (0 months).**

Materials: breast, or bottle with regular nipple
Procedure: Cradle the child in your arm with his head slightly raised and bent forward (position 1). Insert the nipple into his mouth.
Criterion: The child sucks three times on the nipple.

YES NO RPT F3. **THE CHILD OPENS HIS MOUTH ON THE APPROACH OF A NIPPLE (0 months).**

Materials: breast, or bottle with regular nipple
Procedure: Cradle the child in your arm with his head slightly raised and bent forward (position 1). Bring the nipple close to, but not touching his mouth.
Criterion: The child opens his mouth before his lips are touched by the nipple.

YES NO RPT F6. **THE CHILD BRINGS HIS HAND TO HIS MOUTH (5 months).**

Materials: none
Procedure: Place the child on his stomach or side on a flat surface. Place his hands in his line of vision so that he notices them.
Criterion: The child brings one of his hands to his mouth for at least one second.

YES NO RPT F7. **THE CHILD CLOSES HIS LIPS ON A SPOONFUL OF STRAINED FOOD (7 months).**

Materials: small spoon, bowl of strained food, high chair (optional)
Procedure: Seat the child upright on your lap or in a high chair. Place a small amount of food on the spoon and tip it onto the front half of his tongue (position 3).
Criterion: The child closes his lips to remove strained food from a spoon.

YES NO RPT F8. **THE CHILD MOVES FOOD AROUND HIS MOUTH WITH HIS TONGUE (7 months).**

Materials: soft food (such as, soft cheese or pudding), spoon, mirror, high chair (optional).
Procedure: Seat the child upright on your lap or in a high chair. Place food in the child's mouth with a spoon. Place the first spoonful on one side of his mouth and the next one on the other side (position 4).
Criterion: The child moves the food around with his tongue to swallow it.

YES NO RPT F9. **THE CHILD REACHES FOR AND HOLDS THE BOTTLE OR BREAST (9 months).**

Materials: bottle or breast
Procedure: Cradle the child in your arm with his head slightly raised and bent forward (position 1). Hold the bottle or breast within his reach. As he reaches for and grasps it, place the nipple in his mouth.
Criterion: The child reaches for and holds the bottle or breast for 20 seconds.

YES NO RPT F10. **THE CHILD DRINKS FROM A GLASS HELD FOR HIM (9 months).**

Materials: small, pliable plastic glass, beverage, high chair (optional)
Procedure: Seat the child upright on your lap or in a high chair as you stand behind him. Place the rim of the glass on his bottom lip and tip the glass so that he sips a small amount of beverage (position 5). Lower the glass, but rest it on his bottom lip between each sip.
Criterion: The child drinks three sips from a glass held for him.

YES NO RPT F11. **THE CHILD EATS LUMPY OR "JUNIOR" FOOD (10 months).**

Materials: cooked or soft chopped foods (such as, vegetables, macaroni, rice, soft fruits), dish, spoon, high chair (optional)
Procedure: Seat the child upright on your lap or in a high chair. Put a small amount of food onto the end of the spoon and tip it onto the front half of his tongue.
Criterion: The child swallows three bites of lumpy food.

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YES NO RPT **F12. THE CHILD FEEDS HIMSELF BY USING HIS FINGERS (10 months).**

Materials: finger foods (such as, dry cereals, cheese bits, small crackers, fruit cubes), high chair (optional)
Procedure: Seat the child upright on your lap or in a high chair. Place pieces of food within his reach.
Criterion: The child feeds himself three pieces of food by using his fingers.

YES NO RPT **F14. THE CHILD CHEWS SOLID FOOD (11 months).**

Materials: small pieces of solid foods (such as, bread, cracker, fresh apple)
Procedure: Seat the child supported at a table or in a high chair. Place a piece of solid food between his gums or teeth on either side of his mouth. Tell him to chew his food several times before swallowing it.
Criterion: The child chews and swallows solid food.

YES NO RPT **F18. THE CHILD BEGINS TO EAT WITH A SPOON (15 months).**

Materials: small spoon, straight-sided bowl of a sticky food (such as, mashed potatoes, pudding), high chair (optional)
Procedure: Seat the child at a table or in a high chair. Place a bowl of a sticky food that he likes in front of him. Tell him to pick up the spoon and to eat.
Criterion: The child picks up the spoon, dips it into the food, and eats at least half of that spoonful.

YES NO RPT **F19. THE CHILD HOLDS A GLASS IN BOTH HANDS AND DRINKS (16 months).**

Materials: small nonbreakable glass, favorite liquid (one or two inches in glass). high chair (optional)
Procedure: Seat the child at a table or in a high chair beside you. Place his glass in front of him on the table. Tell him to drink. Help him to return the glass to the table.
Criterion: The child brings a glass to his lips with both hands and drinks without assistance, except help in returning the glass to the table if needed.

YES NO RPT **F20. THE CHILD FEEDS HIMSELF USING A SPOON (18 months).**

Materials: small spoon, dish of favorite food
Procedure: Seat the child at a table or in a high chair beside you. Place a bowl of his favorite food and a small spoon directly in front of him. Tell him to eat with the spoon. Tell him whenever the spoon is too full.
Criterion: The child feeds himself three spoonfuls and spills very little.

YES NO RPT **F25. THE CHILD UNWRAPS FOOD (22 months).**

Materials: candy twisted in paper, candy bar, banana with top end cut off, crackers or other solid food wrapped in waxed paper
Procedure: Seat the child by you. Give him one piece of wrapped food at a time and encourage him to open it.
Criterion: The child unwraps at least two different foods.

YES NO RPT **F29. THE CHILD EATS WITH A FORK IN HIS FIST (28 months).**

Materials: cubes of food (such as, cut up weiner, cheese, cooked vegetables)
Procedure: Seat the child at a table with a fork and a plate of food directly in front of him. Tell him to eat the food with his fork (position 10a).
Criterion: The child eats three bites of food either by stabbing it with a fork or by pushing the fork under the food.

YES NO RPT **F32. THE CHILD DRINKS FROM A STRAW (30 months).**

Materials: glass, favorite beverage, plastic or rubber straw with a hole about one-fourth inch in diameter
Procedure: Seat the child at a table beside you. Place a straw into a glass of beverage which is in front of him. Tell him to place the straw between his lips and drink. Hold the straw away from the bottom of the glass for him (position 9b).
Criterion: The child drinks three sips from a straw without taking the straw from his lips.

YES NO RPT **F45. THE CHILD EATS WITH HIS FORK AND SPOON HELD UNDERHAND (36 months).**

Materials: fork, spoon, and dish or plate of favorite food
Procedure: Seat the child at a table with his plate of food, a fork, and a spoon in front of him. Encourage him to eat his food while holding his fork or spoon underhand (position 10b).
Criterion: The child eats with a spoon and a fork held underhand.

YES NO RPT **F46. THE CHILD SITS IN A CHAIR THROUGHOUT A MEAL (36 months).**

Materials: table, regular chair, food
Procedure: Seat the child on his chair at the table with his plate of food already before him. Tell him to eat his meal before he gets up.
Criterion: The child sits in his chair throughout the meal (at least ten minutes).

YES NO RPT **F62. THE CHILD DRINKS FROM A GLASS HELD IN ONE HAND (42 months).**

Materials: a small unbreakable glass, beverage
Procedure: Give a small glass of beverage to the child and tell him to drink.
Criterion: The child holds the glass in one hand to drink, and returns it to the table without spilling any beverage.

YES NO RPT **F63. THE CHILD USES A NAPKIN AT MEALTIME (42 months).**

Materials: a paper or cloth napkin
Procedure: Seat the child at the table for his meal. A napkin has been placed beside his plate. If necessary, remind him to place his napkin on his lap at the beginning of the meal, to wipe his mouth, or to put his napkin back on the table at the end of the meal.
Criterion: The child uses his napkin with no more than two reminders during the meal.

YES NO RPT **F64. THE CHILD CLEANS UP HIS OWN SPILLS (42 months).**

Materials: spill of juice or colored water
Procedure: Have the child make a small spill (or make one yourself) on a table or floor. Make a comment such as, "Show me how you clean up a spill." Tell the child to get the sponge, which has been placed nearby.
Criterion: The child gets a sponge, wipes up the spill, and returns the sponge to its proper place.

YES NO RPT **F66. THE CHILD SERVES HIMSELF FROM A SERVING BOWL (45 months).**

Materials: filled serving bowl, serving spoon, plate, and utensils
Procedure: Seat the child at a table in front of his plate. Place a filled serving bowl and a spoon on one side of him and tell him to put some of the food on his plate.
Criterion: The child serves himself from a serving bowl without spilling anything.

YES NO RPT **F67. THE CHILD CLEARS HIS PLACE SETTING FROM THE TABLE AFTER A MEAL (48 months).**

Materials: plate or bowl, utensils, cup, counter near a sink
Procedure: Tell the child to take his dishes to the kitchen counter.
Criterion: The child gathers his place setting and takes it to the counter without spilling or dropping anything.

YES NO RPT **F68. THE CHILD CHEWS WITH HIS MOUTH CLOSED (48 months).**

Materials: a snack that requires chewing
Procedure: Seat the child at a table with some food in front of him. Encourage him to eat.
Criterion: The child chews the food with his mouth closed.

YES NO RPT **F71. THE CHILD SPREADS FOOD WITH A KNIFE (48 months).**

Materials: toast, butter, a knife, and a plate
Procedure: Seat the child at a table with a knife and toast on a plate in front of him. Butter should also be on the table. Tell him to butter the toast.
Criterion: The child spreads butter on the toast with a knife.

YES NO RPT **F86. THE CHILD CUTS FOOD WITH A FORK (54 months).**

Materials: a fork, a soft food (such as a slice of cheese)
Procedure: Seat the child at a table with a piece of cheese on a plate in front of him and with a fork beside the plate. Tell him to cut the piece of cheese with the fork (position 17).
Criterion: The child turns ~~the fork with one side of the~~ tines on the food and presses down on the food to cut it apart.

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YES NO RPT F88. THE CHILD PASSES A SERVING BOWL (54 months).

Materials: a plate, a serving bowl filled with food
Procedure: Seat the child at a table in front of his plate. Place a filled serving bowl on the table on one side of him. Sit on the child's other side. Ask him to pass the bowl to you.
Criterion: The child passes a serving bowl without spilling anything.

YES NO RPT F89. THE CHILD HELPS TO SET THE TABLE (60 months).

Materials: a plate, glass, napkin, knife, spoon, and fork
Procedure: Place the above items on the table. Tell the child to set the table properly.
Criterion: The child places a plate, glass, napkin, knife, spoon, and fork in the proper places on the table.

DRESSING SECTION

YES NO RPT D16. THE CHILD HELPS IN UNDRESSING AND DRESSING HIMSELF BY HOLDING OUT HIS ARMS AND LEGS (12 months).

Materials: child's clothing
Procedure: Lay the child on his back on a flat surface. Tell him to hold out his arm or leg to help you to dress or undress him. For undressing, begin to take off a sleeve or pant leg. For dressing, bring the correct part of clothing towards the correct arm or leg.
Criterion: The child holds out his arms and legs when he is being dressed and undressed.

YES NO RPT D17. THE CHILD PULLS OFF HIS SOCKS (14 months).

Materials: loose fitting ankle socks
Procedure: Seat the child, who is wearing a pair of ankle socks, beside you or on your lap (position 8). Tell him to pull off his socks.
Criterion: The child pulls off his socks.

YES NO RPT D22. THE CHILD TAKES OFF HIS COAT (21 months).

Materials: loose fitting coat
Procedure: Begin with the child wearing a coat which has been opened in the front. Tell him to take off his coat, then pick it up if it has fallen to the floor.
Criterion: The child takes off his coat and picks it up if it has fallen to the floor.

YES NO RPT D23. THE CHILD TAKES OFF HIS PANTS (21 months).

Materials: pants that fit the child, preferably with an elastic waistband (if the pants do have fasteners, unfasten them before testing)
Procedure: Stand the child, who is wearing his pants, in front of you. Tell him to take off his pants.
Criterion: The child completely takes off his pants.

YES NO RPT D24. THE CHILD PUTS ON HIS PANTS

Materials: short or long pants that fit the child
Procedure: Place the child in front of a large mirror. Place the child's pants on a flat surface with the front side up and the waistband in front of the child's feet. Tell the child to pull on his pants.
Criterion: The child pulls on his pants completely.

YES NO RPT D26. THE CHILD TAKES OFF AND PUTS ON A LOOSE HAT (22 months).

Materials: loose fitting hat, large mirror
Procedure: Place the child in front of a large mirror. Show him a hat. Place it on and take it off his head. Tell him to put it on, then take off the hat.
Criterion: The child puts on and takes off a loose hat.

YES NO RPT D27. THE CHILD UNZIPS A ZIPPER (23 months).

Materials: shirt or jacket with a zipper in front
Procedure: Stand the child in front of you. The child should be wearing a jacket, zipped up three-fourths of its length. Tell him to pull the zipper tab down to the bottom of the jacket and unfasten it.
Criterion: The child unzips a jacket.

Student Assessment Workshop II
Fort Defiance Agency School Personnel
August 11-12, 1982

Topic 3 - Precision Teaching

Forward

This topic was included in the workshop to train school personnel in the skills to obtain accurate and daily assessment of the effects of their teaching and/or intervention activities. The presentation was designed to be applicable to not only special education teachers, but regular teachers as well. The presentation included an introduction to precision teaching, followed by a series of exercises in which participants took rate data, used techniques to predict success, and determined learning pictures. Participants were also taught the skills of plotting and charting on a six-cycle chart.

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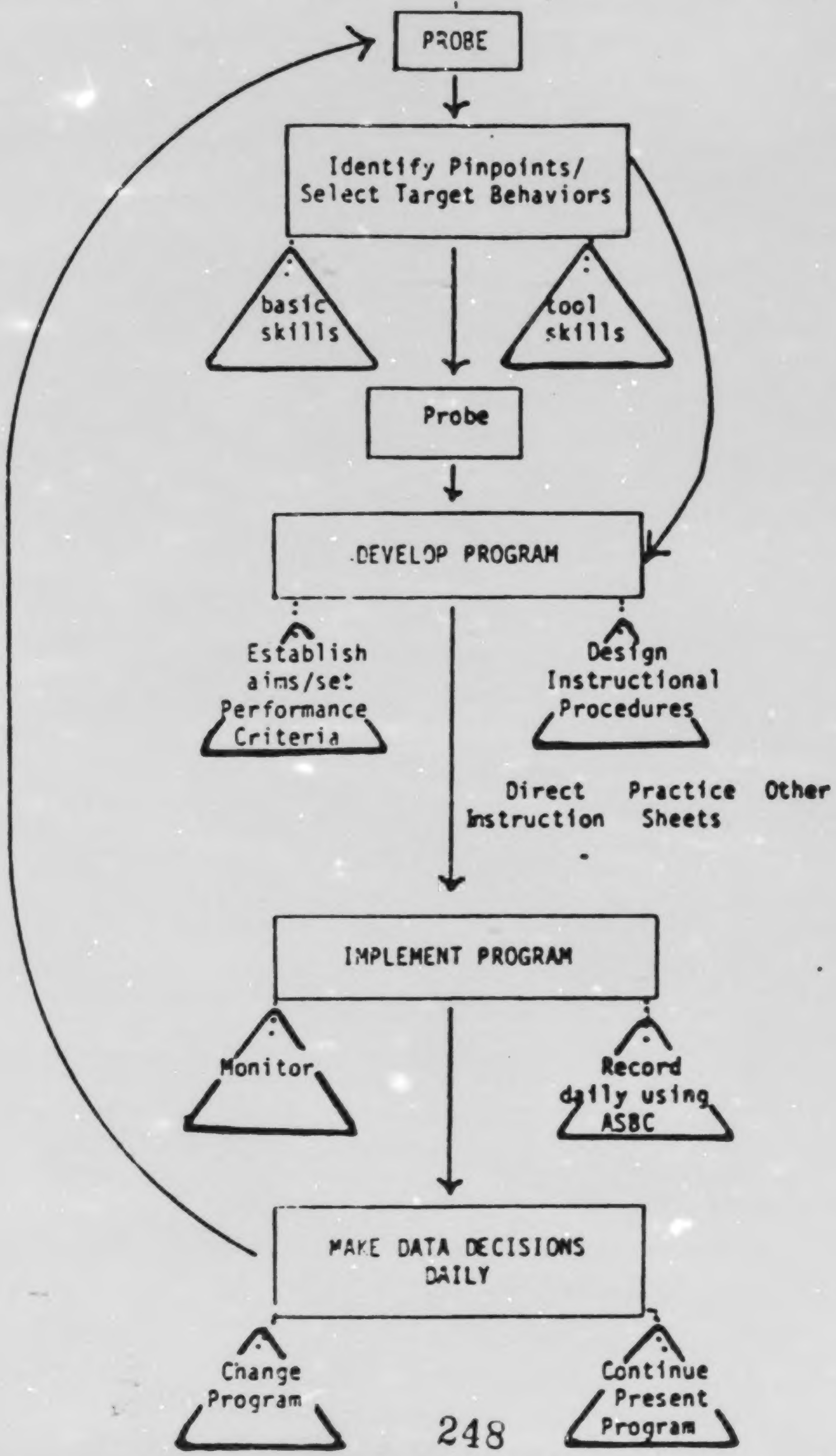
DEVELOPING A PROGRAM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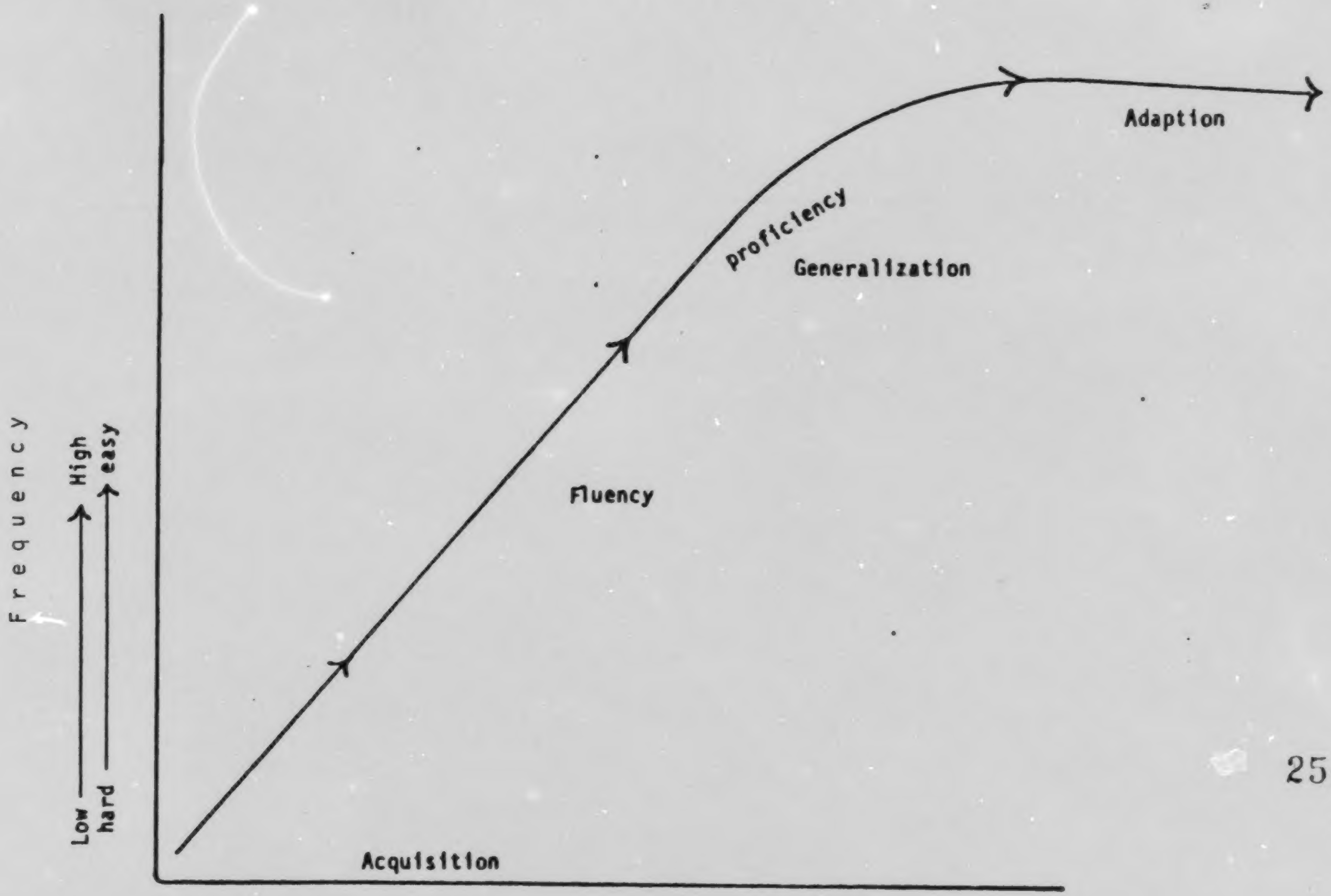
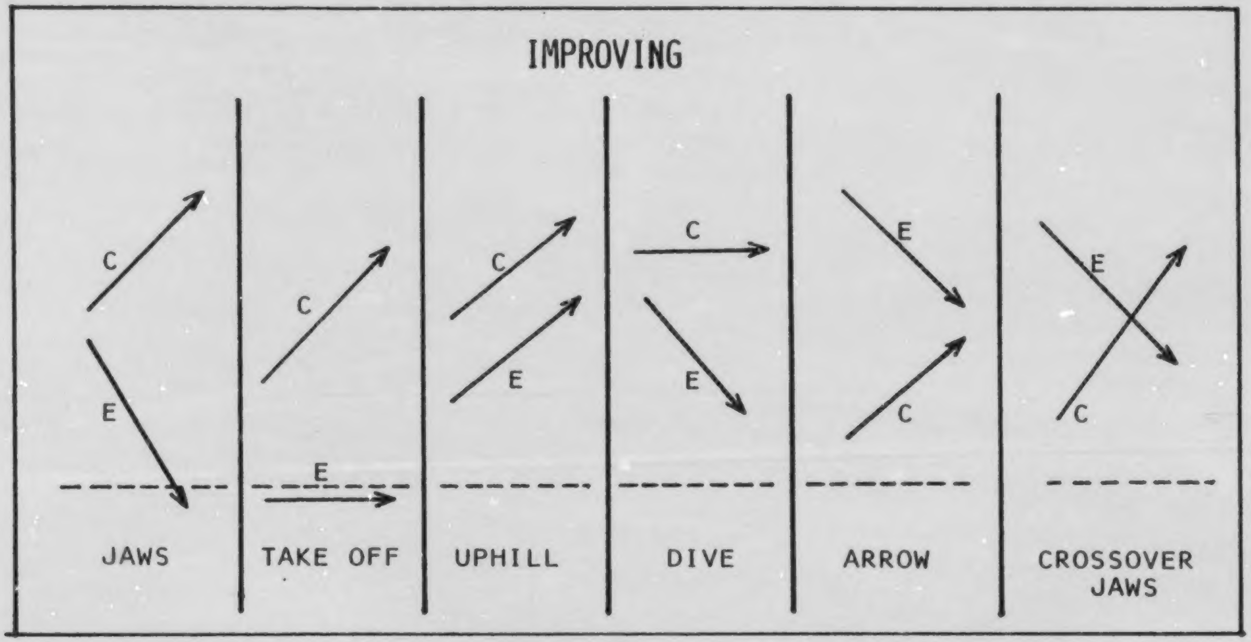
LEARNING STAGES

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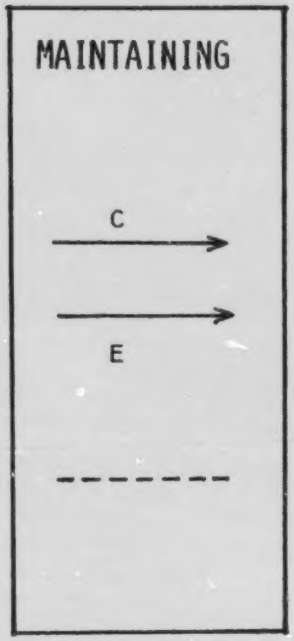
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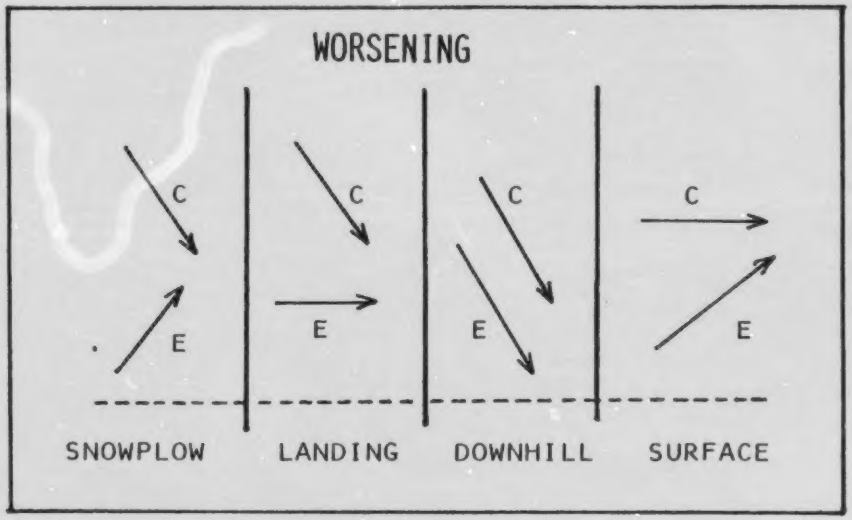
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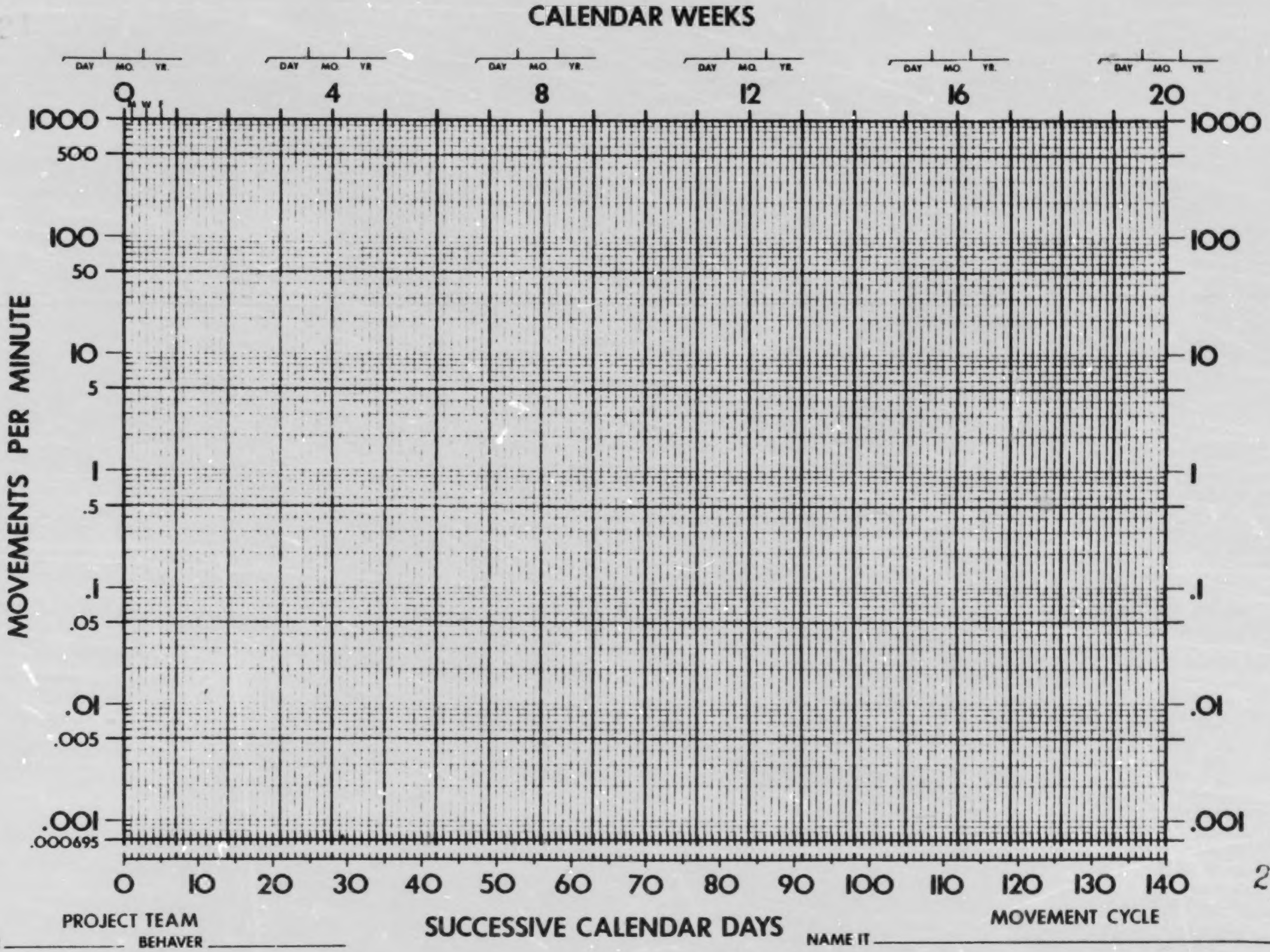
Learning Pictures



PROJECT TEAM

SUPERVISOR ____________ BEHAVER ____________

ADVISOR ____________ AGE ___ LABEL ____________ MANAGER ____________

COUNTER ____________ CHARTER ____________ NOTES ____________

MOVEMENT CYCLE

NAME IT ____________

COUNT WHEN ____________

____________ OCCURS

Workshop II Evaluation Report

Evaluation Report

for

PSYCHO-EDUCATIONAL ASSESSMENT AND RELATED TOPICS INSERVICE TRAINING WORKSHOP

SUBMITTED BY:

Richard Baer, Ph. D.
Exceptional Child Center
Utah State University

September, 1982

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EVALUATION REPORT FOR PSYCHO-EDUCATIONAL ASSESSMENT AND RELATED TOPICS INSERVICE TRAINING WORKSHOP

INTRODUCTION

This report describes evaluation data relevant to an inservice training workshop provided by Utah State University's Exceptional Child Center for education personnel in the Fort Defiance Agency. The workshop was offered in response to RFP #NA-600-9417, and provided two days of training covering, PL 94-142, The Education of All Handicapped Children Act, Psycho-Educational Assessment, and Precision Teaching. It was held on August 11 and 12, 1982 at Chuska School in Chuska, New Mexico, and was attended by more than 100 teachers and other educational personnel.

DESCRIPTION OF WORKSHOP PRESENTATIONS

Public Law 94-142

The presentation on Public Law 94-142 covered basic requirements of the law including the necessity of providing a free and appropriate public education, definition of handicapping conditions, content necessary in the development of individual education programs, procedural safeguards (due process, confidentiality, surrogate parents), requirements for serving children in the least restrictive environment, and requirements for involving parents.

Workshop participants were introduced to an evaluation system they could use in determining the degree to which their programs were in compliance with Public Law 94-142. This system was developed by the staff of the Exceptional Child Center under a contract with the BIA Central Office. The system has been used over the past years to help more than 30

BIA special education programs determine their degree of compliance with the law and identify areas of strengths and weaknesses. The system consists of a manual which lists specific, measurable criteria programs should meet in order to be in compliance with the law and a summary checklist. The manual lists criteria under 10 broad program areas including child find, multidisciplinary evaluation, individualized educational plans, least restrictive environment, daily programming, program development and operation, facility criteria, staff/parent involvement, and due process. The summary checklist allows for computation of a percent of compliance for each of the 10 broad program areas and for the program as a whole. The Exceptional Child Center staff and the staff of the various BIA special education programs where this system has been used have found it a useful tool for determining where a program stands relative to Public Law 94-142 and for helping to define areas where changes need to be made to better comply with the law.

Psycho-Educational Assessment

Referral and Assessment Process

This presentation was designed to give workshop participants an appreciation of the psycho-educational assessment process as a whole. Emphasis was placed on developing an understanding of how the components of the assessment process come together to determine the needs of handicapped children, and to help identify the type of educational programs that can best meet those needs. Included in the presentations were discussions on writing referral questions, choosing appropriate psycho-educational assessment teams, meaning and uses of standardized test data, and meaning and uses of criterion referenced test data.

The Assessment Research Project

During the past year, the Fort Defiance Agency, in conjunction with the Exceptional Child Center, has been conducting an assessment research project. The project was undertaken in an effort to improve the quality and usefulness of psycho-educational assessment reports received by the Fort Defiance Agency special education personnel. The project has used a series of interview and critique procedures to obtain feedback from assessment report users (special educators, coordinators, principals, etc.), identifying what in the reports was helpful and what was not. This information has in turn been used to improve the quality of reports. The assessment Research presentation reported on the findings of this project, introduced workshop participants to its procedures, and involve them by soliciting their feedback as to what is and is not useful in assessment reports.

Precision Teaching

This presentation introduced participants to the methods and procedures of precision teaching, a technique that can be applied by special educators for teaching handicapped children academic, social, behavioral, and other skills. Included in the presentation was a discussion on how to define what to teach, how to teach it, and how to record data on progress for accountability purposes.

EVALUATION

Evaluation of the workshop was accomplished in two ways. First, participants were pre-posttested relative to the workshop's content, and gains on the test were taken as an index of the workshops effectiveness in imparting information. The test consisted of 13 true/false and multiple choice questions designed to measure participants' knowledge relevant to major points in each of the three presentation. A copy of the test is contained in Appendix A. The pretest was taken by 91 participants who achieved a mean score of 6.2 points (36%, Range 0-11). Seventy-nine participants took the posttest and achieved a mean score of 9.6 points (56%, Range 1-15). The difference from pre- to posttesting of 3.4 points represents an approximate gain of 20 percent of the test's 17 possible points, and indicates that the presentations were moderately effective in imparting new knowledge to participants. A complete listing of pretest, posttest, and gain scores for participants is contained in Appendix A.

Participant satisfaction with the workshop presentations was measured via a questionnaire distributed following each presentation. A copy of the instrument is contained in Appendix B. It asked participants to rate a number of aspects of both the presenter and presentation among which was an overall rating of the presentation. Mean overall ratings on a five point scale (1=poor to 5=excellent) for the PL 94-142, Psycho-Educational Assessment, and Precision Teaching presentations were 4.2, 4.2, and 4.3 respectively. These ratings indicate that the presentations were very well received by participants. A complete summary of evaluation data for each presentation is contained in Appendix B.

APPENDIX A

Pre-Posttest and Data Summary

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Pre-Posttest

Psycho-Educational Assessment and Related Topics

Name: ______________________ School: ______________________

Position: ____

P.L. 94-142

1. In the development of a program for handicapped children, the major reason(s) for its development is:
    a) the development of administrative procedures to support the provision of handicapped child services.
    b) the development of services which teachers and ancillary personnel can use in providing educational help to the handicapped.
    c) the development of program documentation procedures (e.g., manuals, guidelines, policy, etc.)
    d) the development of effective programs/services for handicapped children based on their educational needs.
2. True - False P.L. 94-142 has changed appreciably in its emphasis since its enactment in 1975.
3. F.A.P.E. is an acronymn which stands for:
    a) Free Appropriate Private Education.
    b) Fair Appraisal Procedures in Education.
    c) Free Appropriate Public Education.
    d) Family Active Participation in Education.

Assessment

1. A good referral question should do two things.
    a) State why the child is handicapped.
    b) State why the person making the referral is concerned.
    c) Point to a specific area for assessment.
    d) Ask for a complete psychological evaluation on the child.
    e) Request that a vision and hearing examination be done.
2. Anyone assessing a child should collect two types of data.
    a) IQ
    b) Standardized Test
    c) Audiometric
    d) Behavioral
    e) Criterion Referenced Test
3. A child who is referred because of motor problems might be evaluated by which of the following:
    a) Psychologist
    b) Physical Therapist
    c) Speech Pathologist
    d) Special Education Teacher
    e) Physician
4. The Assessment Research Project was designed to:
    a) discover teacher needs in the classroom in working with children.
    b) determine how useful psychological tests are in educational decision-making.
    c) assess the adequacy of workshops on the reservation.
    d) provide the Exceptional Child Center with a project to keep busy.

5. In psycho-educational testing, the most important contribution of the classroom teacher is:

   a) a long list of children to test.

   b) a family history.

   c) an understanding attitude.

   d) a well-written referral question.

Precision Teaching

1. Precision teaching is:

   a) a curriculum of sequenced objectives.

   b) a collection of worksheets designed to teach a skill.

   c) direct and daily measurement, and decision-making.

   d) direct instruction.

2. Which stage of learning is characterized by generally accurate performance and moderate response rates?

   a) acquisition

   b) fluency-building

   c) maintenance

   d) generalization

3. Which is not a characteristic of a ratio chart (as compared to an arithmetic chart)?

   a) More appropriate for studying learning.

   b) Emphasizes proportional change.

   c) Accommodates wider ranges of behavior frequencies.

   d) Presents data on a standard scale.

   e) Projects future course with straight lines.

4. True - False "Proficiency" describes the theoretical boundary between the fluency-building and acquisition stages of learning.

5. Which types of information are necessary to determine the rate of a response? (Circle all that apply.)

   a) Number of response opportunities.

   b) Length of observational period.

   c) Number of stimulus presentations.

   d) Level of difficulty.

   e) Number of target behaviors.

   f) How long it takes to perform a response.

   g) Whether or not an academic response is correct.

Pre-posttest Data for Workshop Participants

Participant	Pretest	% X/17	Posttest	% X/17	Gains Score	Gains %
1	0	0	13	76	13	76
2	4	24	11	65	7	41
3	3	18	--	--	--	--
4	4	24	6	35	2	12
5	7	41	10	65	3	18
6	7	41	9	53	2	12
7	5	29	6	35	1	6
8	11	65	11	65	0	0
9	10	59	12	70	2	12
10	9	53	10	59	1	6
11	6	35	12	70	6	35
12	5	29	10	59	5	30
13	4	24	1	6	(-3)	(-18)
14	6	35	--	--	--	--
15	7	41	6	35	(-1)	(-6)
16	7	41	--	--	--	--
17	--	--	11	65	--	--
18	5	29	--	--	--	--
19	3	18	--	--	--	--
20	6	35	7	41	1	6
21	5	29	5	29	0	0
22	9	53	13	76	4	24
23	5	29	8	47	3	18
24	8	47	12	70	4	24
25	5	29	10	59	5	30
26	5	29	8	47	3	18
27	2	12	--	--	--	--
28	9	53	--	--	--	--
29	7	41	--	--	--	--
30	6	35	8	53	3	18
31	9	53	11	65	2	12
32	8	47	10	59	2	12
33	8	47	11	65	3	18
34	8	47	--	--	--	--
35	4	24	--	--	--	--
36	4	24	10	59	6	35
37	--	--	8	47	--	--
38	5	29	8	47	3	18
39	5	29	--	--	--	--
40	6	35	9	53	3	18
41	6	35	10	59	4	24
42	7	41	12	70	5	30
43	9	53	15	88	6	35
44	8	47	7	41	(-1)	(-6)
45	6	35	9	53	3	18
46	9	53	14	82	5	30
47	3	18	15	88	12	70
48	6	35	12	70	6	35
49	3	18	--	--	--	--
50	6	35	--	--	--	--
51	4	24	10	59	6	35
52	9	53	15	88	6	35

Participant	Pretest	% X/17	Posttest	% X/17	Gains Score	%
53	3	18	3	18	0	0
54	4	24	6	35	2	12
55	4	24	9	53	5	30
56	7	41	8	47	1	6
57	7	41	--	--	--	--
58	5	29	9	53	4	24
59	5	29	--	--	--	--
60	10	59	13	76	3	18
61	2	12	4	24	2	12
62	4	24	12	70	8	47
63	3	18	--	--	--	--
64	8	47	7	41	(-1)	(-6)
65	5	29	8	47	3	18
66	12	70	9	53	(-3)	(-18)
67	9	53	--	--	--	--
68	7	41	14	82	7	41
69	6	35	9	53	3	18
70	9	53	8	47	(-1)	(-6)
71	2	12	3	18	1	6
72	5	29	9	53	4	24
73	4	24	11	65	7	41
74	3	18	11	65	8	46
75	--	--	12	70	--	--
76	6	35	11	65	5	29
77	10	59	10	59	0	0
78	10	59	13	76	3	18
79	7	41	--	--	--	--
80	10	59	12	70	2	12
81	11	65	12	70	1	6
82	--	--	9	53	--	--
83	5	29	6	35	1	6
84	4	24	11	65	7	41
85	5	29	11	65	6	35
86	--	--	9	53	--	--
87	6	35	7	41	1	6
88	8	47	11	65	3	18
89	7	41	7	41	0	0
90	7	41	11	65	4	24
91	6	35	11	65	5	29
92	--	--	12	70	--	--
93	7	41	8	47	1	6
94	8	47	--	--	--	--
95	6	35	7	41	1	6
96	0	0	0	0	0	0
97	3	18	11	65	8	46
98	6	35	12	70	6	35
Mean (Range)	6.2 (0-11)	36 (0-65)	9.6 (1-15)	56 (6-88)	3.4 (-3-12)	20 (-18-70)

APPENDIX B

Presentation Evaluation Instrument and Data Summary

Workshop Evaluation Form

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________________ Name ________ Date ________________________ Presentation Title

I. EVALUATION OF PRESENTER

OVERALL RATING OF PRESENTER

- ___ Outstanding
- ___ Better than average
- ___ Average
- ___ Below average
- ___ Poor

KNOWLEDGE OF SUBJECT MATTER

- ___ Very well informed
- ___ Adequately informed
- ___ Not well informed
- ___ Very poorly informed

ATTITUDE TOWARD SUBJECT

- ___ Enthusiastic
- ___ Rather interested
- ___ Routine interest
- ___ Disinterested

ABILITY TO EXPLAIN

- ___ Clear and to the point
- ___ Usually adequate
- ___ Somewhat inadequate
- ___ Totally inadequate

ATTITUDE TOWARD PARTICIPANTS

- ___ Very helpful a understanding
- ___ Interested
- ___ Routine, neutr
- ___ Distant, cold, aloof

II. EVALUATION OF PRESENTATION CONTENT AND FORMAT

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. Overall the presentation content and format were excellent.	SD	D	U	A	SA
2. The objectives of the presentation were clear	SD	D	U	A	SA
3. The balance between lecture and participant interaction in the presentation was good.	SD	D	U	A	SA
4. The presentation contributed well to the overall goals of the workshop. . . .	SD	D	U	A	SA
5. The presentation was well structured and organized.	SD	D	U	A	SA
6. The presentation was clear and understandable	SD	D	U	A	SA
7. The scope and coverage of this presentation was appropriate	SD	D	U	A	SA
8. The value I derived from this presentation was well worth the time required of me to participate.	SD	D	U	A	SA
9. The workshop provided specific guidance and ideas which I can apply in my job responsibilities.	SD	D	U	A	SA
10. Presentation content was summarized well and major points were easy to identify	SD	D	U	A	SA

III. THE TWO BEST THINGS ABOUT THE PRESENTATION WERE:

1. ____

2. ____

IV. TWO THINGS THAT WOULD HAVE IMPROVED THE PRESENTATION ARE:

1. ____

2. ____

COMMENTS: ____

Workshop Evaluation Form

WEST — Name

8/13/82 — Date

Precision Teaching — Presentation Title

I. EVALUATION OF PRESENTER

OVERALL RATING OF PRESENTER

30 Outstanding
33 Better than average
10 Average
1 Below average
__ Poor
$\overline{X} = 4.2$

KNOWLEDGE OF SUBJECT MATTER

53 Very well informed
19 Adequately informed
4 Not well informed
__ Very poorly informed
$\overline{X} = 3.7$

ATTITUDE TOWARD SUBJECT

46 Enthusiastic
22 Rather interested
6 Routine interest
2 Disinterested
$\overline{X} = 3.5$

ABILITY TO EXPLAIN

50 Clear and to the point
25 Usually adequate
2 Somewhat inadequate
__ Totally inadequate
$\overline{X} = 3.6$

ATTITUDE TO PARTICIP

44 Very hel understa
25 Interest
4 Routine,
3 Distant, aloof
$\overline{X} = 3.4$

II. EVALUATION OF PRESENTATION CONTENT AND FORMAT

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Disagree	
1. Overall the presentation content and format were excellent.			7	46	28	4
2. The objectives of the presentation were clear			4	50	27	4
3. The balance between lecture and participant interaction in the presentation was good.			14	47	20	4
4. The presentation contributed well to the overall goals of the workshop.			7	43	31	4
5. The presentation was well structured and organized.		1	7	42	31	4
6. The presentation was clear and understandable			10	38	31	4
7. The scope and coverage of this presentation was appropriate	1		7	46	26	4
8. The value I derived from this presentation was well worth the time required of me to participate.		1	7	45	20	4
9. The workshop provided specific guidance and ideas which I can apply in my job responsibilities.			14	40	25	4
10. Presentation content was summarized well and major points were easy to identify		1	9	50	20	4

III. THE TWO BEST THINGS ABOUT THE PRESENTATION WERE:

1. __________

2. __________

IV. TWO THINGS THAT WOULD HAVE IMPROVED THE PRESENTATION ARE:

1. __________

2. __________

COMMENTS: __________

BEST COPY AVAILABLE

Workshop Evaluation Form

BEST COPY AVAILABLE

Name: JOHNSON
Date: 8/12/82
Presentation Title: PL: 94-142

I. EVALUATION OF PRESENTER

OVERALL RATING OF PRESENTER	KNOWLEDGE OF SUBJECT MATTER	ATTITUDE TOWARD SUBJECT	ABILITY TO EXPLAIN	ATTITUDE TOWA PARTICIPANT
39 Outstanding	74 Very well informed	70 Enthusiastic	68 Clear and to the point	64 Very helpf understand
41 Better than average	22 Adequately informed	19 Rather interested	25 Usually adequate	22 Interestec
16 Average	___ Not well informed	5 Routine interest	3 Somewhat inadeouate	5 Routine, ne
___ Below average	___ Very poorly informed	___ Disinterested	___ Totally inadequate	___ Distant, c aloof
___ Poor				
$\overline{X} = 4.2$	$\overline{X} = 3.7$	$\overline{X} = 3.7$	$\overline{X} = 3.7$	$\overline{X} = 3.6$

II. EVALUATION OF PRESENTATION CONTENT AND FORMAT

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	$\overline{X}$
1. Overall the presentation content and format were excellent.		1	4	62	24	4.2
2. The objectives of the presentation were clear		3	2	65	24	4.2
3. The balance between lecture and participant interaction in the presentation was good.		7	16	51	20	3.9
4. The presentation contributed well to the overall goals of the workshop.		1	6	61	29	4.2
5. The presentation was well structured and organized.		1	7	63	21	4.1
6. The presentation was clear and understandable		2	7	62	23	4.1
7. The scope and coverage of this presentation was appropriate		2	12	53	27	4.1
8. The value I derived from this presentation was well worth the time required of me to participate.		3	13	56	20	4.1
9. The workshop provided specific guidance and ideas which I can apply in my job responsibilities.		4	15	56	20	4.1
10. Presentation content was summarized well and major points were easy to identify		2	11	58	22	4.1

III. THE TWO BEST THINGS ABOUT THE PRESENTATION WERE:

1.
2.

IV. TWO THINGS THAT WOULD HAVE IMPROVED THE PRESENTATION ARE:

1.
2.

COMMENTS:

Workshop Evaluation Form

BUSH /BAER — Name
8/12&13/82 — Date
Assessment — Presentation Title

I. EVALUATION OF PRESENTER

OVERALL RATING OF PRESENTER	KNOWLEDGE OF SUBJECT MATTER	ATTITUDE TOWARD SUBJECT	ABILITY TO EXPLAIN	ATTITUDE TO PARTICIP
36 Outstanding	51 Very well informed	56 Enthusiastic	50 Clear and to the point	48 Very hel understan
24 Better than average	17 Adequately informed	11 Rather interested	17 Usually adequate	20 Interest
10 Average	___ Not well informed	1 Routine interest	1 Somewhat inadequate	___ Routine,
___ Below average	___ Very poorly informed	___ Disinterested	___ Totally inadequate	___ Distant, aloof
___ Poor				
X̄ = 4.4	X̄ = 3.8	X̄ = 3.8	X̄ = 3.7	X̄ = 3.7

II. EVALUATION OF PRESENTATION CONTENT AND FORMAT

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Disagree	X̄
1. Overall the presentation content and format were excellent.		1	4	44	23	4.
2. The objectives of the presentation were clear			2	47	24	4.
3. The balance between lecture and participant interaction in the presentation was good.		1	6	39	28	4.
4. The presentation contributed well to the overall goals of the workshop. . . .			5	44	26	4.
5. The presentation was well structured and organized.			3	47	25	4.
6. The presentation was clear and understandable			5	43	24	4.
7. The scope and coverage of this presentation was appropriate		1	6	45	18	4.
8. The value I derived from this presentation was well worth the time required of me to participate.	1		5	40	25	4.
9. The workshop provided specific guidance and ideas which I can apply in my job responsibilities.	1	2	5	36	27	4.
10. Presentation content was summarized well and major points were easy to identify		2	3	47	20	4.

III. THE TWO BEST THINGS ABOUT THE PRESENTATION WERE:

1. ______________________________

2. ______________________________

IV. TWO THINGS THAT WOULD HAVE IMPROVED THE PRESENTATION ARE:

1. ______________________________

2. ______________________________

COMMENTS: ______________________________

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Seminar I

Orientation and Training in Individual Assessment of Native American Children

AGENDA

Seminar for Evaluators of the Fort Defiance Assessment Project

August 27, 1981

I. Schedule

  A. Transportation

    1. Travel Authorization
    2. Travel Advance
    3. Motor Pool Cars
    4. Departure Time of Each Car
    5. Drivers
    6. People to Pick Up Cars from Motor Pool
    7. Insurance

  B. Lodging

    1. Sunday Night - Gallup
    2. Weekdays - At the Schools or in Boarder Towns
    3. Weekends -

  C. Review of the Daily Schedule

    1. Testing
    2. Staffing
    3. Dictation

  D. Navajo Testers

    1. Observation
    2. Interpretation
    3. Specific Test Administration
    4. Statement and Testing of Assumptions
    5. Reporting Findings
    6. Total Test Administration
    7. Dictation of Results

II. Individual Assessment

  A. Bias

  B. Individual Testing

    1. Hypothesis or Assumption Testing
    2. Confirmation
    3. Findings
    4. Recommendations

  C. Dispositional Assessment

III. Review of the Folders

A. Interview and "Draft Report Form"

1. What it contains - talk through each section.
2. How it is to be used.

B. Guidelines for Reviewing Assessment Procedures

C. Definition and Wording of Diagnostic Statements

D. Example Reports

E. Test Score Comparative Chart

F. One Line Description of Tests to be Used

G. Testing Manuals

1. Wepman
2. DAM
3. Language Dominance
4. Teacher Rating Scale
5. Math Screening
6. Diagnostic Test of Coding Skills

H. Record Form for Student Tests

I. STEP Objectives

IV. Envelopes and Testing Boxes

A. Pencils, Paper, Staplers, Tape, Test Forms, Special Instructions, etc.

B. Stop Watches

C. Dictating Equipment

1. Tapes
2. Batteries

D. Testing Kits

WISC-R, Leiter, Raven, CMMS, Woodcock-Johnson, Woodcock Reading, Key-Math, Brigance, Hiskey, WRAT, PPVT, QT, VMI, Phonics Screening, Math Screening, etc.

V. Testing

A. What tests are appropriate for each area - preferred tests, alternates, confirmation testing.

B. How to use the interview form.

C. Background information needed rom referral forms or Teacher Rating Scales.

D. Testing Script and Sequence

VI. Seminar and Staffing

A. What Participants will bring to the Staffing

1. Envelopes
2. Protocols
3. Interview and Draft Report
4. Referral Form
5. Other

B. Present Each Case Orally

1. Client Information
2. Testing Administration
3. Why
4. Findings
5. Suggested Diagnostic Statement
6. Suggested Results

C. Discussion

1. Diagnostic Statement (expand to obtain input from other participants, identify exact wording, disclaimers, etc.)

2. Recommendations (expand to other recommendations, suggestions or referrals, suggestions for referrals, suggestions for long-term and short-term goals, etc.) STEP Program (examples)

D. Presenters will take notes during the seminar, record appropriate wording for recommendations, etc.

E. Dictation of Reports

F. Second Opinion - Speech Pathologists, OTs, etc.

VII. Dictation Procedures

A. Tell the transcriber who you are, what you will be putting on the tape, what format you will be using, and any other instructions you need to provide.

B. Mechanics of Dictation

1. Start out by writing everything down and dictating the full report from written material, listen to what you dictate, edit and improve. Next start leaving gaps in your written material and dictate the information in. As time goes on, your ability to think on the dictating machine, paginate, etc. will improve.

- a. Talk slowly - good enunciation.
- b. Start the machine before you start speaking.
- c. Check the machine every few minutes to insure that you are recording properly and not erasing (if the light in on).
- d. Dictate appropriate punctuation (i.e., comas, periods, new paragraphs, quotation marks, underscore, etc.)
- e. Spell all unfamiliar words (i.e., testing jargon, names of the schools, child's name, towns, names of tests used).
- f. Dictate headings and indentations.
- g. Dictate instructions if you are using the other side of the tape.

VIII. Processing Testing Reports

- A. Reports Returned for Typing
- B. Typing
- C. First Editing
- D. Critique and Review
- E. Corrections
- F. Final Typing
- G. Signatures

Seminar I

Orientation and Training in Individual Assessment of Native American Children

Exceptional Child Center Staff Psychologists

August 27, 1981

Topic 1 - Orientation and Procedure Plan for Student Assessment

Forward

This topic addressed the logistic, physical and contractual arrangements between the staff psychologists of the Exceptional Child Center and the Fort Defiance Agency to provide psycho-educational assessment to referred students. Workshop participants reviewed background material, scheduling, contract arrangements, timeframes, and performance expectations. Example copies of psycho-educational testing reports (see Appendix C), the Testing Report Format (see Appendix B), and Diagnostic Categories and Considerations (see Appendix G) were presented and discussed.

Participants reviewed the purpose, utilization and administration of several unbiased or nonlanguage dependent individual testing instruments. At the conclusion of the seminar, each psychologist had demonstrated competency in administering and interpreting the above referenced tests.

Test "One-Liners"

The Hiskey-Nebraska, a primarily non-verbal test, was administered to assess learning aptitude.

The WISC-R was administered to assess verbal and non-verbal cognitive abilities.

The Leiter International Performance Scale, a non-verbal test, was administered to assess general reasoning ability.

The Columbia Mental Maturity Scale is a non-verbal test which is assigned to assess reasoning ability.

The Raven's Progressive Matrices, a relatively culture-free task, is a measure of reasoning ability through non-verbal means.

The Draw-A-Person Test, a human figure drawing task, is a measure of intellectual maturity and personality assessment.

The Peabody Picture Vocabulary Test was administered to assess receptive verbal ability through the student's auditory vocabulary.

The Bender Visual-Motor Gestalt Test, a paper and pencil figure drawing task, was administered to assess visual-graphomotor and visual-perceptual motor skills.

The Wepman Auditory Discrimination Test was administered to assess the student's ability to differentiate between the various sounds used in the English language.

The Developmental Test of Visual-Motor Integration, a paper and pencil copying task, was utilized to assess the degree of visual perception and motor behavior in the student.

GUIDELINES FOR REVIEWING ASSESSMENT PROCEDURES AND PSYCHOEDUCATIONAL REPORTS

I. Review raw data.

	Yes	No	N/A
A. Test Protocols - Are test materials included with the report? Comments:			
B. Referral: 1. Is there information as to what the teachers felt was the problem? 2. Guidance staff? 3. Parents? Comments:			
C. Background - Is there information from the past that is relevant for the presenting problem(s)? Comments:			
D. Vision and hearing screening - Has vision and hearing acuity screening been completed? Comments:			
E. Intelligence - Were appropriate tests used? (Note: Review for significant signs of capacity.) Comments:			
F. Achievement - Were appropriate tests used? (Note: Review for significant deficiencies.) Comments:			

	Yes	No	N/A
G. Perceptual/Psychomotor:			
1. Is data gathered on visual functioning?			
2. Auditory functioning?			
3. Psychomotor functioning?			
Comments:			
H. Socio-emotional:			
1. Is psychometric data gathered to clarify personal/social and behavioral adjustment?			
2. Behavioral data?			
Comments:			
I. General Impression:			
1. Do the data present one consistent picture?			
2. Do they give information about the referring problem?			
Comments:			
II. Review psychoeducation reports.			
A. Consider general writing style:			
1. Is the report written so that teacher can understand the information?			
2. Look for Red Flag items; could a parent and teacher read the report without becoming angry at the evaluator or school? (Note: Examples of Red Flag items: brain damage neurological dysfunction other terms which might be interpreted to mean brain damage "defective" "inappropriate parenting: the school "should" marital conflict)			
Comments:			

	Yes	No	N/A
B. Review diagnosis:			
1. Is the diagnostic statement clear?			
a. Is it phrased in the state classification terms followed by any necessary modifications?			
b. Are the conditions backed up with reference to data?			
c. Is there evidence that the conditions adversely affect educational performance?			
2. If the student is diagnosed as mentally retarded or equivalent, does the report:			
a. Rule out cultural, linguistic, environmental or severe emotional factors as the primary cause of the handicap?			
b. Examine adaptive behavior in nonacademic settings?			
c. Document intellectual functioning when a and b above have been controlled?			
3. If the student is diagnosed specific learning disability or equivalent:			
a. Is he/she of average potential in intellectual functioning?			
b. Is he/she significantly delayed academically?			
c. Have visual, hearing, motor handicap, mental retardation, emotional disturbance or environmental, cultural or economic disadvantage been ruled out as primary causes of handicapping conditions?			
d. Does the report back up these conditions with reference to data?			
4. If the student is diagnosed as seriously emotionally disturbed or an equivalent, does the report:			
a. Specify the factors which suggest emotional disturbance?			
b. Describe the evidence which suggests the youngster cannot be adequately or safely educated without provision of special education?			
c. Differentiate between chronic and temporary distress?			
d. Rule out intellectual, sensory, and health factors as cause of dysfunction?			

	Yes	No	N/A
5. For other handicapping conditions including; deaf, deaf blind, hard of hearing, multi-handicapped, orthopedically or other health impaired, speech impaired or visually handicapped, does the report:			
a. Include referral to appropriate professionals for further diagnosis?			
b. Include assessment information from one of these specialized areas?			
6. If the student's problem is primarily cultural/linguistic or environmental, does the report:			
a. Consider the possibility of handicapping condition in addition to the cultural/linguistic environmental factors?			
7. If no handicapping condition is found, does the report:			
a. Account for the referral problem in a way that makes sense?			
b. Handle inconsistencies between teacher and examiner observations?			
c. Indicate if the problem(s) are related to educational disadvantages, language background or socio-cultural background?			
Comments:			
C. Review recommendations:			
1. Have suggestions been provided for dealing with the referral problem(s) as well as those identified through testing?			
2. Are the following included as recommendations?			
a. A list of priortized annual goals.			
b. A list of proposed short term objectives for each annual goal.			
c. Recommended instructional strategies for short term objectives.			
d. Recommended instructional materials for objectives.			
e. Recommended related services.			
f. Recommended possible environmental modification.			
Comments:			

This checklist was developed by the Southwest Regional Resource Center and Darrell Hart, Educational Support Systems, Inc., in conjunction with a task force Phoenix Area, BIA, Rosella Lawrence, Area Special Education Coordinator.

September, 1979

Seminar I

Orientation and Training in Individual Assessment of Native American Children

Exceptional Child Center Staff Psychologists

August 27, 1981

Topic 2 - Assessment Instruments, Directions, Etc.

Forward

In this presentation, individual assessment instruments were reviewed including the Wepman Auditory Discrimination Test, the Draw-A-Person Test, Informal Math Inventories, Phonetic Screening Tests, the Primary Language Questionnaire, Teacher Rating Scale, Behavior Rating Scale, and other tests (see Bibliography of Tests). Directions and manuals were available for psychologists to review, question, and then discuss the purpose and utilization of these tests.

The individual psycho-educational assessment script and sequence was discussed and simulated tests administrations to children were role played.

INDIVIDUAL PSYCHO-EDUCATIONAL ASSESSMENT

SCRIPT AND SEQUENCE

Introduction

In administering individual tests to children, there is an accepted pattern and sequence that generally should be followed. Each test administrator should be very familiar with that sequence but prepared to take liberties or make alterations to the sequences as the occasion demands.

Refer to the child by his/her first name and yourself as Mr., Mrs., or Miss. The sequential steps are suggested for psycho-educational individual assessment battery:

1. Review the Referral Information. Referral Form, Teacher Rating Forms, and other information on the child previous to meeting the child.

   > Generally, you should know what children you are going to see during the day and have their folders with referral information available. Early in the morning, the first child's records should be reviewed. You can generally review the second child's records during testing of the first child - while they are doing some independent task.
   >
   > In reviewing the records, note salient factors about the child's home, environment, school, presenting problems, formulate some contact and ice-breaking questions or statements that can be used when you first meet the child, i.e., "Your name is ______?", "You are how old?", "Your teacher tells me you like baseball.", "Your teacher tells me that you don't like girls." Anything that can get the child talking and overcome anxiety and problems of separation.

2. Formulation of Hypotheses. From the review of the record, identify some hypotheses or assumptions for the problem. From this you determine the assessment instruments that you will use to confirm or refute these hypotheses or assumptions.

3. Maintain a friendly, encouraging, yet in control approach to the child.

   > "Hi _________. I am Mr. or Mrs. ____________. Your teacher wants me to play some games with you that will help us see how good you are at thinking, answering questions, and solving problems. I think you will find these games or tests very fun... Some of them are very, very easy; so easy they are almost silly. Some are quite tricky, but I am sure you will like every one of

> them... I want very much to see how hard you can try, and when you are not sure about some tricky question, try and guess it right. A smart person like you will be able to guess an awful lot of these right..."
>
> "The first thing I would like you to do for me is to draw me a picture of a man. Draw a whole man, not just his head and shoulders, and try to make him the very best man that you can. This is one of those tasks that are so easy that it is almost silly. While you are drawing the man, I will get some other things ready and will ask you some questions."

4. Interview Form. Go through the interview form asking only those questions that are needed to fill in missing information from the referral form. Each time the child provides information you should indicate that this is self-report information not contained in the record. (Generally the interview information can be obtained while the child is doing the drawing of the man.) Children often like to be engaged in motor activities while they are answering questions. If this is disrupting, however, do the interview separate.

5. Language Dominance and Language Assessment.

> "I am going to ask you some questions about your language. If you don't understand them, just tell me so."
>
> "This next game is a picture game, where I am going to show you some pictures and all you will have to do is point to pictures."

6. Ability Assessment. Depending on the child's performance in the language dominance test and in the Receptive English Test (QT/PPVT) you will generally select either the WISC-R, Leiter, Hiskey, or some other multi-dimensional mental ability testing battery. Usually this test is administered next. It is followed by a confirmation test, such as the Raven's Progressive Matrices or the Columbia Mental Maturity. These two tests are given to confirm the results and findings of the previous Test.

7. Psycho-Motor Assessment. Generally the VMI is administered for psychomotor assessment. At times one may use the Bender Gestalt, House-Tree-Person, or a variety of other tasks. The VMI presents an independent task, so you can do other things while the child is responding.
8. Achievement Testing. Achievement testing is almost always broken into two or more sections; reading and math. Depending on the referral question a decision is made as to what depth one needs to go into in achievement testing: a) If the referral form indicates all academic areas are low, the preferred approach would be to administer the Woodcock-Johnson Achievement Test; b) If the referral form indicates that reading is low but math is good, the preferred approach would be to use a screening achievement test, such as the WRAT or PIAT and follow it up with a diagnostic reading test, such as the Woodcock Reading Mastery Test or the Phonics Decoding Test, the Brigance, or the Diagnostic Reading Scales; c) If a math diagnosis is needed, utilize the Key Math or the Math Screening Test.
9. Diagnosis of Achievement. Approximately half to two-thirds of the time in testing should be devoted to diagnostic academic skills. This is the area that provide the greatest help for teachers. The diagnostician should identify: a) The level at which the child is performing; b) The recommended point at which the teacher should start the child, where the child could attain success; c) Recommend one or two of the next teacher sequences; and d) Identify specific things that the child does and doesn't know. As much specificity as possible in the achievement areas is the goal of diagnositic testing.

10. Fatigue. Between tests or between activities, it is a good idea to have the child stand, move around, switch from one activity to another to prevent both boredom and fatigue.
11. Observation. Throughout the testing the examiner should record observations. Assumptions, confirmations, situational stress, testing of the limits, etc. then are pulled together during the testing and written on the "Interview and Draft Report Form."
12. Rapport. The proper testing atmosphere is essential. Environmental conditions, i.e., noise, distractions, temperature, furniture, and so forth are seldom ideal. Hopefully all of this can be overcome with a positive, rewarding, supportive, and encouraging atmosphere on the part of the examiner. The child should truly enjoy the entire test. Compliments, encouragement, and reinforcement for effort should be used throughout testing.
13. At the end of testing, reward the child with some tangible reward.

ASSESSMENT SEQUENCE AND DECISION GUIDE

INITIAL HYPOTHESES		OBSERVATIONS	EVALUATION	REPORT & RECOMMENDATIONS
REVIEW THE REFERRAL	BEHAVIORAL DISTURBANCE	Interaction With Examiner (Verbal/Non-verbal) -Language -Dress -Posture/Facial Expression With Teacher/Peers	Interview Burks', DAP Extra-Curricular Interests Home Situation Attitude -Self -School (Teacher/Peers) -Life	Psychological Evaluation Counseling Family Intervention T.L.C.
	ACADEMIC DELAYS	Note Language Skills Comprehension -English -Navajo Reading Skills Writing Skills Math Skills	Language Dominance PPVT, Quick Test Ability Assessment -Math Key Math Diagnostic Math -Reading Brigance Woodcock -Spelling	Remedial Tutoring Special Education Full/Part Time Emphasis on Subject Individualization Effort
	PHYSICAL ILLNESS	Physical Appearance -Height -Weight -Injury Visual Ability Auditory Ability Speech Production -Teeth	VMI Wepman DAP Bender-Gestalt	Physical Examination Nutrition Eye Examination Ear Examination Speech Therapy

Seminar I

Orientation and Training in Individual Assessment
of Native American Children

Exceptional Child Center Staff Psychologists

August 27, 1981

Topic 3 - Writing Reports and Conducting Staffings

Forward

On this agenda item, participants were familiarized with the Psychological Testing Report Format and the contents of the various sections (see Appendix E). Copies of psychological reports were distributed, reviewed, and critiqued. Additionally, copies of the Evaluation of the Fort Defiance Student Assessment Project were distributed and reviewed.

Procedural plans for dictating, correcting, obtaining second opinions, and editing the testing reports were reviewed. Timeframes for the completion and submission of the reports were also reviewed. Psychologists were familiarized with the use of dictating machines, resource material, and procedural steps to follow in preparing, editing, and finalizing testing reports.

Evaluation of the Fort Defiance Student Assessment Project

Fall, 1981

Report Submitted By:

Dr. Marvin G. Fifield, Director
Exceptional Child Center
Utah State University

October 10, 1981

Evaluation of the Fort Defiance Student Assessment Project

September 1-14, 1981

Background

In August, 1981, a contract was negotiated between the Fort Defiance Agency and the Exceptional Child Center for the purpose of providing individual psycho-educational assessments to students appropriately referred by schools in the Agency. A Memorandum of Agreement was prepared stipulating those elements associated with this contract (see attached Memorandum of Agreement).

The procedures agreed upon consisted essentially of adaptations of previous contracts for testing and inservice training between the Fort Defiance Agency and the Exceptional Child Center. The Exceptional Child Center agreed to: 1) provide the testing in the prescribed manner, 2) conduct research and evaluation on the process to ensure that referral practices, unbiased testing, and report writing were utilized in such a way as to ensure accuracy and increase the relevance of the data collected, and 3) provide an opportunity for Navajo School Psychology candidates to observe, serves as interpreters, and provide appropriate testing under supervision in a practicum setting.

The testing contract was preceded by another project in which inservice training was provided to regular teachers, special education teachers, and administrators in selected schools in the Fort Defiance Agency. This training was designed to acquaint participants with appropriate referral procedures, the rationale for individual student assessment, and techniques to eliminate bias in testing.

In late August, a schedule, listing the schools requesting individual testing and the approximate number of students to be tested, was prepared. A copy of the schedule was forwarded to each of the participating school principals, Dr. Deal in the Fort Defiance Agency and the Navajo School Psychology candidates.

During the negotiations of the contract, a number of decisions were made concerning practical factors such as logistics, time, and financial restraints. These restraints were as follows:

I. Cost for the service should be maintained at a minimum.

II. High standards should be maintained for the selection of psychologists and monitoring to ensure the quality of the services provided.

    A. Selection of Psychologists

        1. The psychologists selected should have completed and demonstrated competence in appropriate academic course work (classes in test administration, practicum experience in testing, counseling, working with children and possess appropriate work experience).

        2. Each psychologist will have participated in an intensive orientation and training program previous to the trip to the reservation. This training is to ensure that psychologists are familiar and competent in the administration of a number of unbiased tests, competent in report writing, and staffing procedures.

    B. In addition to the selection procedure described above, the following procedures were outlined to monitor the quality and accuracy of tests administered, staffing, and report preparation.

        1. The psychologists will be divided into teams, each team supervised by an advanced and experienced team leader.

        2. Prior to the preparation of each psychological report, a staff meeting would be held with the referring teachers, other appropriate school officials, and two or more of the

psychologists on the assessment team to ensure multi-discipline and multi-professional input.

3. Each psychological report would be reviewed, critiqued, and signed by a second certified school psychologist. This procedure was followed to ensure the accuracy of the diagnostic statement, findings, and recommendations.

III. Testing should be undertaken as early in the year as possible to facilitate the identification and placement of children in a special education program previous to the October count day.

It was recognized that scheduling testing this early in the year was a trade-off between the desire to complete the testing at the earliest possible date and yet permit staff time to become acquainted with the children and conduct proper screening and referral procedures.

IV. It was recognized that the psychological report is the document left to the school upon which decisions concerning placement and programming of the children are often made. To maintain quality control of the testing reports, a specific format was designed based on research data, BIA special education regulations, and recommendations of the teaching and administrative staff of the Fort Defiance Agency. This format was used for every child tested.

It was recognized at the onset that working within the cost and time restraints listed above and at the same time maintaining quality some problems would occur. Problems were expected in obtaining accurate referral information, scheduling testing of children and the staff meetings, and processing the reports. These potential problems were weighed against the considerations listed above.

Evaluation of Student Assessment Contract

Systematic information was collected through observations and interviews with school staff in an effort to evaluate the process, quality of the work performed, and upon which to draw recommendations for future psychological services.

The following steps were utilized in collecting evaluation data:

1. Dr. Deal and Dr. Fifield participated in the orientation meetings, i.e., the USU psychologists, the Navajo School Psychology candidates, and the Chuska staff members.
2. Time was scheduled during the two weeks of August 31 through September 11 for Dr. Deal and Dr. Fifield to circulate from school to school, observe tests administration, answer questions, and obtain impressions of the quality of the tests provided and the relation of the school staff to the testers.
3. Dr. Fifield and Dr. Deal participated in several staffings to collect data on the quality of the reports, recommendations, and interaction between staff members and test administrators.
4. Each evening the psychologists met together in a debriefing. During this time, issues were addressed concerning: a) tests selection, b) the need for additional referral information, c) changes in the testing schedule, d) physical arrangements, e) utilization of the Navajo School Psychology candidates, and e) to review the diagnostic statements and recommendations of specific children tested during the day.
5. Dr. Fifield and Dr. Deal conducted informal telephone interviews with school officials for feedback concerning the testing procedures, the interaction of the psychologists with school staff and collect suggestions and recommendations to improve future student assessment efforts.

The results of this data was brought together and the findings are incorporated in the following section.

Findings

Overall the testing proceeded relatively smoothly and on schedule. Altogether 128 was evaluated from seven schools. Although referral information was less than ideal, school staff went out of their way to collect what was available and provided it to the psychologists. Most of the referring teachers, special educators, and supervisors participated in the staff meetings and provided observational data, confirmation, or oppositional findings to the impressions and findings of the psychologists. This provided additional objectivity concerning the diagnostic statements and recommendations.

Due to schedule changes, the number of children to be tested, requests to test specific children, and in an effort to accommodate the schedule needs of specific schools, some confusion existed.

As anticipated, changes in the schedule to pick up last minute children referred caused confusion and resulted in some frustration on the part of school staff and examiners for it was difficult to communicate these changes to everyone who needed to know. For the most part, these factors appeared to be minor and did not result in compromising the accuracy of the test administration or procedures followed to ensure quality assessments.

The following problems and concerns were identified:

1. There appeared to be insufficient lead time for the school staff to identify, screen, and refer children for assessment.
2. Changing the testing schedule, when the psychologists would be at specific schools, how many children were to be tested, etc. caused some confusion in the collection of adequate referral information, physical accommodations, and availability of school staff at the staff meetings.

3. Some concerns were expressed by the school staff as to the qualifications of the psychologists administering the tests.

In the following section, explanations of the problems and concerns will be provided and recommendations discussed to more appropriately address these concerns and problems in the future.

Explanations and Recommendations

1. Insufficient Prior Information and Lead Time

The problem of providing adequate lead time was mitigated by a number of factors. These included the desire to complete the testing and return the reports in sufficient time for the October count day. Ideally, student assessments should have been undertaken during the latter part of September or early part of October. This would have assured that all children would have been enrolled in school and that the teachers would have sufficient time to become acquainted with the child and identify and screen potential learning and behavior problems.

In the future, it is recommended that this trade-off be reexamined to determine if the turnaround time from test administration to the submission of final reports can be reduced to the point that reports can still be received prior to the count day and still give sufficient time on the part of the school staff to become better acquainted with the children and collect necessary screening and referral information.

2. Communications on Scheduling Changes

Communicating and getting information to teachers and others concerned about decisions made is a perennial problem in all school situations. This is further aggravated on the reservation due to the remoteness of the schools and numerous other activities which are ongoing in the schools at this time of the year and which must be accommodated.

However, greater effort must be made to communicate with the individual teachers, special education teachers, teacher supervisors, as well as the principal and agency administration.

It is recommended that in the future all matters concerning testing schedules, changes in testing schedules, facilities needed to accommodate testing, lodging, etc. be communicated directly to the teacher supervisor and principal in the schools concerned. It is further suggested that communications with the school be undertaken not only by the Fort Defiance Administration but also by the team leaders of the participating psychologists. This will ensure that needed information is received in a timely fashion.

3. Qualification and Experience of Psychologists Selected for Test Administration

This concern reflects a lack of information about the selection of psychologists and the graduate program at Utah State University. Information concerning the criteria and selection of psychologists was not provided to the school officials and/or the teaching staff. In the future, this information will be sent along with proposed testing schedules as described in item 2.

A specific question asked concerned the practice of utilizing graduate students who have not completed masters degrees as psychologists and test administrators. The rationale for this practice was not adequately communicated.

The graduate program in psychology at Utah State University is organized somewhat differently than graduate programs in education.

Whereas most graduate programs in education procede from a bachelors to a masters to a specialist and then to a doctorate program, the psychology graduate program at Utah State University is an integrated program leading towards a doctorate degree in psychology. The masters degree is an optional interium step if the candidate desires. Most graduate students complete their requirements for the doctorate degree in course work, practicums, etc. before they finish the masters thesis. A great many do not elect to take the masters but go straight through to the doctorate. Considering these factors, the selection of test administrators who held masters degress was felt irrelevant. Thus, the emphasis was placed on the course work, practicums, and work experience of each individual. The criteria for selection of the psychologists was listed on page 2.

It is recommended that in the future an abstract of the vita for each psychologist recommended be prepared and forwarded to the appropriate administrative personnel in the Fort Defiance Agency.

Summary

The information presented above suggests that the psycho-educational assessment contract was completed in an appropriate and effective manner and in accordance with the Memorandum of Agreement. The problems which occurred were the result of inadequate communication and recommendations described above should go a long ways towards resolving this problem in the future.

Much of the difficulty resulted from an attempt to provide a great deal of testing in a short amount of time and utilizing two or three teams of psychologists. In the future, it is recommended that contract psychologists be held to small teams and only one or two working on the reservation at a time. This will facilitate better communications, coordination of scheduling, and supervision.

If possible, the testing should be scheduled a little later in the year to facilitate collection of referral and screening information by the teaching staff.

The utilization of the Navajo School Psychology candidates as interpreters and to do part of the testing was rated by the Utah State University psychologists as truly outstanding. Not only were these psychology candidates getting experience in test administration and working directly in a real situation with experienced psychologists, but they were providing invaluable input concerning the culture and the language factors essential in obtaining unbiased assessment and relevent information. The Navajo School Psychology candidates only participated to a minimal degree in the staffings and preparation of reports. In the future, practicum experiences of this nature, participation in the staffings, preparation of recommendations, and writing reports should be expanded.

Experience has dictated that utilizing untrained interpreters provides little additional information and often invalidates the entire testing situation. However, utilizing the Navajo School Psychology candidates that are trained in test administration and acquainted with the theory and standardization approaches of individual test administration has proven to be an extremely effective procedure. It is, therefore, recommended that in future testing that great effort be made to contact the Navajo School Psychology candidates to obtain their release from their regular assignments so that they can participate in the testing. This has the double advantage of not only improving the accuracy and relevance of the testing being conducted but also providing training and experience to those who will some day be needing to carry on these services in the schools in which they reside. The utilization of the Navajo School Psychology candidates in the future should be built into each contract for psychological services.

In analyzing the referral information, communicating with school staff, etc., it is clearly evident that those teachers and supervisors who participated in the inservice training conducted in August on improving the relevance of psychological testing reports were much better prepared to provide information and to utilize information collected through the individual psychoeducational assessment process. This finding speaks clearly to the need of continued inservice training on teachers and school staff on how to refer for outside diagnostic services. The school staff needs additional information on the purpose of individual testing, what needs it serves, when to refer, how to refer, how to formulate referral questions, how to collect observational information that will lend itself, improving the relevance of the information received through individual assessment. Additional inservice training and workshops in this area would appear most advantages to the school. In addition, it has been observed that the children tested lacked the "testwiseness" skills often found among anglo children. They had not developed a strategy of elimination on multiple choice questions; thus, they tend to be somewhat penalized. It can be assumed that this penalty is even greater on the group standarized tests that are administered where the opportunity to accommodate these techniques and strategies cannot be provided. It is recommended that some inservice training and possibly training workshops for the children be undertaken in the skills of taking tests, strategy of analyzing open-ended and multiple choice questions, scoring answer sheets, etc.

MGF/sn
10/81

Seminar II

Orientation and Training in Individual Assessment of Native American Children

AGENDA

PSYCHO-EDUCATIONAL ASSESSMENT SEMINAR

	Presenter	Time
I. Introduction		
A. Confines of Special Education Resources on the Reservation	Marvin	9:00
1. Staff		
2. Staff Training		
3. Time		
4. Physical Facilities		
B. Contract for Evaluators		
1. Purpose		
2. Decorum		
a. Psychologist Affects Student's Education At Two Levels		
(1) Staffing		
(2) Report		
C. Assessment Research Project		
1. How are Reports Used		
a. Level of Use and Impact		
2. Intervention with Teachers		
a. Impact		
3. Intervention with Psychologists		
a. Impact		
D. Brief Review of Data Collected	Dave	
E. Brief Overview of Goals of This Training Seminar		
II. What Psychologists Should Know About the Assessment Process	Dave	
A. Sequence and Decision Making		
1. Flow Chart		
2. Case Studies		

Presenter Date

B. Legal Terminology for Diagnostic Recommendation/Classification

  1. Review of Legal Categories
  2. Review of Minimum Assessment Required
  3. Other Information Needed for a Diagnostic Recommendation
  4. Exercises (Test Scores)

C. Tests and Bias Minimizing Strategies

  1. Use of Non-verbal Tests
  2. Focus on Academc Skills
  3. Adaptive Behavior Instruments
  4. Dispositional Assessment Model

III. What Psychologists Should Know About Writing Reports

A. General Guidelines

  1. Vocabulary, Paragraph and Sentence Length
  2. Statements of Conclusions

    a. Avoid the Use of Absolute Terms
    b. Use Terms Such as "Suggests", "Indicates", Etc.

  3. Review of Previous Memos and Problems

B. Dictating Rules

  1. Speak Clearly
  2. Spell Everything, Everytime
  3. State Your Name
  4. Review Previous Memos and Guidelines

C. Writing Appropriate Recommendations

  1. Use of Curriculum Guides
  2. STEP
  3. Use Staffing to Get Information on Available Support Services
  4. Examples and Exercises

D. Editing Techniques

  1. Use of Red Pencil
  2. Get Rid of Trite Repetitious Phrases

    a. Examples

	Presenter	Date
3. Follow Outline		
4. Exercises		
LUNCH		
IV. Conducting a High Speed Staffing		
A. Material to Collect	Marvin	1:00
1. Past History		
2. Health		
3. Support Services Available as Needed		
4. Other Information		
5. Adaptive Behavior		
6. Other		
B. Material to Present	Bryce	1:15
1. Test Scores		
2. Diagnostic Recommendation		
3. Other Recommendations		
4. Other Variables		
5. Disclaimer		
6. Double Check		
V. Logistical Details	Dave	1:30
A. Test Equipment		
B. Cars		
C. Accommodations		

Seminar II

Orientation and Training in Individual Assessment of Native American Children

Exceptional Child Center Staff Psychologists

August 28, 1982

Topic 1 - Overview

Forward

It was the purpose of this agenda item to review the topics to be presented in the seminar, logistical factors in preparation for the testing on the reservation, availability and preparation of materials, time scheduling, etc.

Three case studies were distributed containing typical referral information. Participants utilized these case studies in developing and interpreting the referral question and making decisions concerning the hypotheses or assumptions to be tested, instruments to be utilized, and assessment procedures to be followed.

The Psycho-Educational Assessment Monitoring Report Form was distributed and discussed. This form provided an outline of the factors used to evaluate psycho-educational reports.

The psycho-educational assessment script and sequence was reviewed, followed by a role play by participants of the testing procedures.

TAH STATE UNIVERSIT
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Exceptional Child Center

MEMORANDUM

To: Psycho-Educational Testers

From: Marvin Fifield

Subject: Fall Testing at Fort Defiance Agency, Navajo Reservation, September 7-10 and September 13-17, 1982

Date: August 3, 1982

We are now finalizing the arrangements to provide psycho-educational assessment to approximately 100 students this fall for the Fort Defiance Agency, Navajo Area Office. David Bush and Gina Green will be coordinating this activity. They will make final arrangements for travel, lodging, equipment, supplies, etc.

I am proposing we arrange for two teams:

(1) The first team, consisting of four psychologists, will travel to the reservation on Monday, September 6, and provide testing on September 7-10. They will then come home on September 11, and unload the testing materials, testing equipment, supplies, etc. into the car for the second team.

(2) The second team will consist of four psychologists. This team will leave on Sunday, September 12, travel to the reservation, and provide testing on September 13-17, 1982.

Based on past experiences, each psychologist should be able to test between two and three students a day. I have scheduled the schools and the number of children to be tested accordingly. The attached schedule indicates the number of testers, the dates, and the schools in which you will be testing. This schedule is somewhat tentative, for the number of students to be tested is an estimate. This will necessitate some flexibility.

I have scheduled an orientation workshop for Saturday, August 28. This will be an all-day workshop in which we will provide: (1) orientation information, (2) experience in dictation and editing reports, (3) role-playing, (4) opportunities for further familiarization with the tests to be administered, and (5) exercises in preparing recommendations and findings from testing data. I will send additional information on the location of the workshop, etc. as soon as possible.

Each psychologist will be responsible for their own proficiency in test administration, interpretation, recommendations, and preparation of the reports. If you do not feel proficient in these skills, please prepare before the workshop. The testing will be supervised not only by the team leader, but by myself and others. We will critique and edit each report.

In addition, the Navajo School Psychology candidates will be observing and working with you. They will provide feedback concerning test familiarity, administration, etc. The Navajo School Psychology candidates will start by observing you, conducting interviews, and then administering some of the testing.

They will be earning test administration practicum credit. Each Navajo School Psychology candidate will have a form for you to fill out and sign indicating the amount of time that they spend with you and what activities they perform.

Each psychologist will prepare an abbreviated curriculum vita identifying their academic preparation and experience as evidence of qualification to provide this service (see attached curriculum vita and example).

We anticipate paying per diem of $50 per day and $40 per child evaluated. (Clinical Services graduate assistants will be paid for evaluations conducted under a separate arrangement.) As indicated above, in the past, good testers have been able to average between two and three children a day. The daily schedule while on the reservation is as follows:

(1) We start testing as early in the morning as we can get the child. If possible, we test through recess and strive to complete testing on at least two or three students each day. On most days, it is possible to test three students if proper arrangements have been made.

(2) At the end of the day (3:00 to 3:30 p.m.), the testing team will come together in a staffing where they will present and discuss each child tested during that day. During this staffing, testers should be prepared to describe information about the child tested and solicit input from other testers pertaining to suggestions for short-term and long-term objectives, intervention, recommendations, and additional information from the teacher. We have encouraged the teacher supervisor, the special education teacher, and the referring teacher from the schools to participate in these staffings and to take notes so that placement and programming decisions can be made even before the reports are returned. During the staffings, careful notes should be taken on suggestions and input from the teachers. Utilize such input, suggestions, and recommendations in your reports. Although it is sometime difficult to get all of the school personnel in on the staffings, this has been one of the most valuable parts of the entire testing process. We must do everything possible to make it effective.

(3) In the evenings, generally after supper, the psychologists will dictate their reports. For the first few days, this will take several hours. Later on you should be able to dictate your reports in less time.

(4) The tapes containing the dictated reports, referral forms with release of information, parent permission, and copies of testing protocols are then placed in an envelope with the name of the child, name of the tester, and the date on the outside. These will be brought to the Exceptional Child Center for typing.

(5) Completion of the testing and dictation of your report is only the first step. The following time frames have been outlined and must be strictly adhered to:

   a. All reports must be dictated on the day the child is tested.

b. All tapes and testing packets for each child tested must be turned in the Monday morning when you return (September 13 for the first team and September 20 for the second team).

c. Each psychologist must check in with Sonja every two days to pick up the first draft of the reports as they are typed. Each psychologist must then edit and critique their reports and return the edited and critiqued reports back to Sonja within two days after picking them up.

d. A second opinion of the report (or a critique of the report) will be provided after you have done your first editing. People critiquing the reports will check every day with Sonja. They will have two days from the time the report is picked up until it is returned properly critiqued.

e. The testing psychologists will then pick up the critiqued reports and make the changes recommended in the critiquing. Unless there are very minor editing changes, the reports should then be redictated with the editing, inserts, and all corrections dictated. Again, two days time limit from the time the report is picked up by the psychologist to the time the report is returned to Sonja is the maximum time allowed.

f. The testing psychologist will check every two days with Sonja to ensure that they are processing each of their tests from the first dictation on to the final signature in a timely sequence.

g. Final review of the report with your signature must be completed and returned no later than two days after final typing.

h. For each time frame that is not met, a deduction of $5.00 per test will be imposed (i.e., $5.00 deducted for not returning the first draft of a report edited and critiqued to Sonja within two days). This will be taken from the fee that the tester will receive.

In dictating reports, be sure of the following:

(1) Your report must follow the outline. If not, the person critiquing the report will make you do it over again.

(2) Be sure you provide adequate information and details concerning the background of the child tested. We need personal information, teacher ratings, the referral question, family, etc. Often this has to be obtained from the child himself or in the staff meeting with the referring teacher.

(3) Be sure to use proper grammar, good sentence structure, etc. Eliminate trite phrases, i.e., "in order to", "this child", etc. Also eliminate speculations, drawing conclusions, etc. The workshop and orientation will provide exercises in dictation.

(4) Be sure information is correct and accurate (i.e., names, dates, and diagnostic statements). Spell out the names of the tests, the teacher, and the child. Spell them out on the dictating machines so that they will be accurate.

(5) Put insufficient information on short-term and long-term recommendations and suggestions. This is the area that they have asked us to broaden. They have asked us to reduce the amount of information on the report or findings and descriptive information.

(6) Suggestions and recommendations should be educationally relevant derived from the evaluation or observation data.

(7) Be sure that the reports are individualized. We do not want to follow a set automatic format saying the same thing for each child.

Payment will be in two forms. First, those persons selected will be able to obtain an advance on their travel. The checks for consulting and the fees for the children tested will be provided at the end of the testing after you have signed off all reports. Note that I have also enclosed a copy of a vita. This must be filled out immediately and returned to me. Copies of the vita will be sent to each school before we commence testing the students.

If you have any questions concerning this, please contact me or discuss them with David Bush.

MGF/sn

Enc.

Abbreviated Curriculum Vita for Psychology Graduate Students

Personal Information

Name:
Current Position:
Address:

Telephone:
Date and Place of Birth:
Marital Status:
Children:
Nationality:
Physical Condition:
Social Security No.:

Education (Public School, Undergraduate, Graduate)

School	Location	Dates	Degree	Major	Minor

Professional Experience

Location	Assignment	Dates	City/State

Major Consulting Activities

Agency	Topic or Area	Dates	City/State

Certificates of Competency

Professional Organizations

Relevant Graduate Course Work Completed

Course Description	Dates	Credit Hours

Publications and Presentations

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Navajo Scho:l Psychology Practium

Instructor Dr. Marvin Fifield

Name

Date	Time in	Time out	Activity*	Supervisor

*Obversation, Translation, Interview, Testing a, Psy-motor, Conformation b., Achievement d, XMEX Ability, ( ) Total testing ( ) Dictation

CASE #1

Name: Michael Brown

Birthdate: October 23, 1975

Date of Evaluation: September 1, 1981

Grade: 1st

Referral: Michael was referred by his 1st grade teacher who was concerned about his skills. She reported that he seemed immature and had a very short attention span. He often cried in class and in the dorm. Results of the teacher rating scale were normal except for salient scores in the academic area and critical scores in the area of attention span.

CASE #1

Name: Michael Brown

Age: 5 yrs. 10 months

Grade: 1.0

Results:

-PPVT: 1st percentile (age equivalent, 3-11)

-PLQ: dominant Navajo, limited English

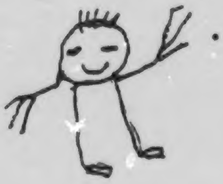
-VMI: 4-6

-Raven Coloured Matrices: 10th Percentile

-Hiskey Nebraska: 5-8

-Burks' Behavior Rating: significant scores in Poor Academics/Poor Attention

-DAP: 5-0



-Brigance Readiness (See Attachments)

EST	PAGE		
1	2		**Color Recognition:** ^{K}Red Blue Green Yellow Orange Purple Brown Black Pink Gray W
2	3- 4		**Visual Discrimination:** None ^{K}□ □ □ O T L I D G N 1 ^{1}s d d e no new bed when
3	5- 6		**Visual Motor Skills:** ^{K}Draws: Circle, Plus Sign, Square, ^{1}Triangle, ^{2}Diamond, ^{3}Double Tri
4	7	[illegible]	**Visual Memory:** ^{K}o o+ o-I ^{1} Io+- o+-TI^{2}.
5	8	[illegible]	**Body Image:** *Picture includes:* ^{K}head legs eyes nose mouth arms trunk ^{1}hands ears ^{2}neck
6	9		**Gross Motor Coordination:** ^{K}Walks line, Jumps on both feet, Hops right foot, Hops left foot,
7	10	NO	**Identification of Body Parts:** ^{K}Nose Hands Eyes Teeth Mouth Head Legs Back St Chin Jaw Arm Knee Shoulder Ankle Hips ^{1}Heel Elbow
8	11	NO	**Directional/Positional Skills:** ^{K}Up, Over, Above, Down, In, Out, Top, Behind, Right, ^{1}Front, Back, Under, Beneath, Beside, Forward, Backward, 292 Ne
9	12		**Fine Motor Skills:** Puts on coat, Buttons, no [✓ Ties shoes,] Zipper, Uses scissors, Laces s
10	13	NO	**Verbal Fluency:** ^{K}Two words in combination, Phrases, Short sentences, Asks simple que ^{1}Shares past experiences in logical sequential order with understandable speech^{2}.
11	14	NO	**Verbal Directions:** *Remembers and executes how many verbal directions:* ^{K}1 2 3 4^{1}.
12	15–16	NO	**Articulation of Sounds:** ^{K}P B M W / H T D N / K G NG Y / F J WH S Z ^{1}V TH SH / L ^{2}CH R BR / ^{3}ST SK SP TR^{4}.
13	17		**Personal Data Response:** *Gives verbally:* ^{1}Name, [✓ Age,] [✓ Address,] [✓ Phone number,] [✓ ^{1}Birthday,] [✓ Brothers,] [✓ Sisters,] Parents^{2}.
14	18	NO	**Sentence Memory:** *Repeats sentences of how many syllables:* ^{K}2 4 6 ^{1}8 10 ^{2}12 14 ^{3}16 ^{4}1
15	19	NO	**Counting:** *Counts by rote to:* ^{K}1 2 3 4 5 6 7 8 9 10^{1}.
16	19	NO	**lphabet:** *Recites to:* ^{K}A B C D E F G H I J K L M N O P Q R S T U V W X

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I. READINESS *(continued)*

TEST	PAGE		
17	20	No	**Numeral Recognition:** *Recognizes:* ^{x}1 2 3 4 5 6 7 8 9 10^{1}.
18	20	No	**Number Comprehension:** *Matches quantity with symbol:* ^{x}1 2 3 4 5 ^{1}6 7 8 9
19	21	No	**Recognition of Lower Case Letters:** ^{x}o a d g q b p c e l t i f j n m r h u v w y x z
20	22	No	**Recognition of Upper Case Letters:** ^{x}O A D G Q B P C E I F J N M R H U V W Y X Z K
21	22	No	**Writing Name:** ^{x}First ^{1}Last Middle^{2}
22	22		**Numbers in Sequence:** *Writes numerals sequentially to:* ^{x}1 2 3 4 5 ^{1}6 7 8 9
23	23		**Lower Case Letters by Dictation (Manuscript):** ^{1}o a d g q b p c e l t i f m r h u v w y x z k s^{2}.
24	23		**Upper Case Letters by Dictation (Manuscript):** ^{1}O A D G Q B P C E I F J N M R H U V W Y X Z K S^{2}.

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II. READING

TEST PAGE

A. WORD RECOGNITION

318

A–1 25 **Word Recognition Grade Level Test:** Grade level: ______ ______ ______ ______ ______

317

1		2		3	
go	day	game	always	year	common
him	baby	here	any	teacher	drew
two →	food	next	sent	write	hour
was	walk	around	ou.	hungry	ocean

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CASE #2

Name: Alfred Smith

Birthdate: December 14, 1970

Date of Evaluation: September 8, 1981

Grade: 5th

Referral: Alfred was referred by his teacher who indicated he was low in all academic areas. She wanted to know if this was due to language deficits or absenteeism. No results were available from the teacher rating scale.

CASE #2

Name: Albert Smith

Age: 10yrs. 8 months

Grade: 5.0

Results:

-PPVT: 4th Percentile

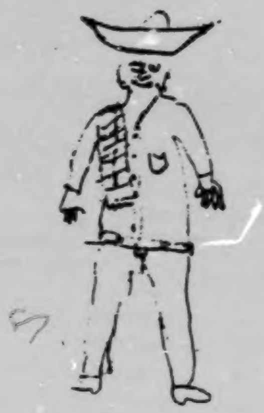
-PLQ: Bilingual

-Wepman: 5/30 errors on same sounds; 0/10 errors on different sounds

-Raven Progressive Matrices: 25-50th percentile

-VMI: 11-9

-DAP: 10-9



Woodcock: See Attachments

☐ Subtest 13
Letter-Word Identification

Basal . . . 5 consecutive correct
Ceiling . . . 5 consecutive failed

1 ___ O
2 ___ B
3 ___ R
4 ___ Z
5 ___ G
6 ___ H
7 ___ U
8 1 is
9 1 go
10 1 to
11 1 in
12 1 dog
13 1 not
14 1 get
15 1 had
16 0 his
17 1 keep
18 0 must
19 0 got
20 0 part
21 0 light
22 0 once
23 ___ knew
24 ___ point
25 ___ whole
26 ___ piece
27 ___ shoulder
28 ___ island
29 ___ whose
30 ___ announcer
31 ___ ordinary
32 ___ knowledge
33 ___ bounties
34 ___ knead
35 ___ thermostat
36 ___ moustache
37 ___ courageous
38 ___ acrylic
39 ___ sufficient
40 ___ significance
41 ___ therapeutic
42 ___ silhouette
43 ___ municipality
44 ___ debris
45 ___ trivialities
46 ___ pinochle
47 ___ debutante
48 ___ stochastic
49 ___ tricot
50 ___ argot
51 ___ satiate
52 ___ kopje
53 ___ enceinte
54 ___ puisne

13 16 RAW SCORE

☐ Subtest 14
Word Attack

Basal . . . Item 1
Ceiling . . . 5 consecutive failed

A 1 ral
B 0 ib
1 1 lill
2 0 hap
3 1 nan
4 1 mell
5 1 jox
6 0 leck
7 0 thent
8 0 chur
9 0 leap
10 0 wuss
11 ___ shomble
12 ___ yosh
13 ___ mibgus
14 ___ splaunch
15 ___ saisl
16 ___ wroutch
17 ___ knoink
18 ___ quog
19 ___ lindily
20 ___ whumb
21 ___ phigh
22 ___ hudned
23 ___ malreatsun
24 ___ cythe
25 ___ coge
26 ___ depnonlel

14 4 RAW SCORE

☐ Subtest 15
Passage Comprehension

Basal . . . 5 consecutive correct
Ceiling . . . 5 consecutive failed

A 1 man
1 1 hat
2 1 book
3 1 box
4 1 is
5 0 time
6 0 books
7 0 at
8 0 is
9 0 cities
10 ___ his
11 ___ turtles
12 ___ ship
13 ___ shoe
14 ___ paper
15 ___ water
16 ___ round
17 ___ read
18 ___ but
19 ___ alphabet
20 ___ forests
21 ___ nomads
22 ___ capitals
23 ___ except
24 ___ fear
25 ___ though
26 ___ by

4 RAW SCORE

	Tenth of Year	Testing Date	Tenth of Year
15	6	Apr 16-May 15	.8
15	7	May 16-Jun 15	.9

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☐ Subtest 18
Dictation

Basal *5 consecutive correct*
Ceiling *5 consecutive failed*

A ___ (name)

1 (S) ___ O, o
2 (S) ___ W, w

3 (S) ___ e
4 (S) ___ D
5 (S) ___ I
6 (S) ___ it
7 (P) ___ ?

8 (S) ___ bee
9 (S) ___ seen
10 (S) ___ house
11 (U) ___ men
12 (S) ___ table

13 (S) ___ read
14 (S) ___ sixteen
15 (S) ___ don't
16 (S) ___ Ave
17 (U) ___ mice

18 (S) ___ comb
19 (U) ___ women
20 (S) ___ cough
21 (S) ___ clothes
22 (S) ___ against
23 (U) ___ knives
24 (S) ___ error
25 (S) ___ fifty-one
26 (S) ___ etc
27 (P) ___ :

28 (S) ___ accept
29 (S) ___ calendar
30 (P) ___ "
31 (S) ___ arrogance
32 (S) ___ chaos

33 (S) ___ physicist
34 (S) ___ bizarre
35 (S) ___ conscientious
36 (S) ___ inflammation
37 (S) ___ questionnaire

38 (S) ___ bouillon
39 (S) ___ soliloquy
40 (S) ___ crevasse

18 ☐ RAW SCORE

Calculation

			A $\boxed{1}$	B $\boxed{2}$
1 $1 + 1 = \boxed{2}$	2 $1 + 2 = \boxed{3}$	3 $6 + 1 = \boxed{7}$	4 $2 + 3 = \boxed{5}$	5 $4 - 1 = \boxed{3}$
6 $\begin{array}{r} 3 \\ -2 \\ \hline 1 \end{array}$	7 $\begin{array}{r} 6 \\ -2 \\ \hline 4 \end{array}$	8 $\begin{array}{r} 89 \\ -18 \\ \hline 71 \end{array}$	9 $\begin{array}{r} 9 \\ +7 \\ \hline 2 \end{array}$ adding	10 $\begin{array}{r} 4 \\ \times 2 \\ \hline 8 \end{array}$
11 $\begin{array}{r} 3 \\ \times 6 \\ \hline 18 \end{array}$	12 $\begin{array}{r} 17 \\ -\ 9 \\ \hline 8 \end{array}$	13 $\begin{array}{r} 476 \\ 61 \\ +2{,}611 \\ \hline 3148 \end{array}$	14 $\begin{array}{r} 88 \\ -29 \\ \hline 60 \end{array}$	15 $5\overline{)10}$
16 $\begin{array}{r} 13 \\ \times\ 7 \\ \hline \end{array}$	17 $\begin{array}{r} 710 \\ -\ 83 \\ \hline 703 \end{array}$	18 $12\overline{)120}$	19 $\begin{array}{r} 102 \\ \times\ 12 \\ \hline \end{array}$	20 $\begin{array}{r} .045 \\ +11.26 \\ \hline \end{array}$
21 $42\overline{)126}$	22 $\begin{array}{r} \frac{3}{4} \\ -\frac{1}{4} \end{array}$	23 $25\overline{)3250}$	24 $102\overline{)5202}$	25 $\begin{array}{r} \frac{5}{8} \\ +\frac{9}{8} \\ \hline \end{array}$

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Dictation

A ____________

1 ____________

2 o

3 a h e

4 H R D

5 A B I

6 it

7 ?

8 be

9 scn

10 haus

11 One man, two man

12 ____________

13 ____________

14 ____________

15 ____________

16 ____________

17 One mouse, two ____________

18 ____________

19 One woman, two ____________

20 ____________

21 ____________

22 ____________

23 One knife, two ____________

24 ____________

25 ____________

26 ____________

27 ____________

28 ____________

29 ____________

30 ____________

31 ____________

32 ____________

33 ____________

34 ____________

35 ____________

36 ____________

37 ____________

38 ____________

39 ____________

40 ____________

325

☐ Subtest 19
Proofing

Basal . . . . *5 consecutive correct*
Ceiling . . . *5 consecutive failed*

A 0 I

B 1 ?

C 1 see

D 0 lost

1(U) 0 is
2(P) 1 I
3(U) 0 birds

4(U) 0 looking
5(P) 0 Yes
6(S) 0 sheep

7(U) 0 run
8(P) ___ 2:30
9(P) ___ Mary

10(S) ___ uncle
11(S) ___ two
12(P) ___ house

13(S) ___ plain
14(P) ___ family
15(S) ___ using

16(U) ___ seen
17(P) ___ Scottish
18(U) ___ lay

19(P) ___ . (period)
20(P) ___ professor, Psychology
21(U) ___ especially

22(U) ___ further
23(S) ___ reservoir
24(P) ___ : (colon)

25(S) ___ primarily
26(P) ___ rivers
27(P) ___ world wars

28(U) ___ were
29(U) ___ is

19 1 RAW SCORE

326

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SUMMARY OF SCORES: Do these test results provide a fair representation of the subject's present functioning? ☐Yes ☐No

If not, what is the reason for questioning the results? ______

Subtest / CLUSTER	Raw Score	Part Score from Table A	CLUSTER SCORE	Grade Score	INSTRUCTIONAL RANGE Easy	INSTRUCTIONAL RANGE Difficult	Age Score	AVERAGE CLUSTER SCORE ☐ Grade ☐ Age	CLUSTER DIFFERENCE SCORE	Percentile Rank at ☐ Grade ☐ Age	Percentile Rank Range	RPI at ☐ Grade ☐ Age	Functioning Level
ACHIEVEMENT CLUSTERS													
13. L-W Ident	16 (54)	140											
14. Word Attack	4 (26)	155											
15. Pass Comp	4 (26)	146											
Reading Cluster Score			441	1.6 TABLE B	to TABLE B		TABLE B	b - ☐ TABLE G OR H	a-b=c = ☐ (+ OR −)	TABLE I OR P	to TABLE I OR P	/90 TABLE W	TABLE W
16. Calculation	14 (42)	245											
17. Appl Probs	24 (49)	238											
Mathematics Cluster Score			483	3.6 TABLE C	to TABLE C		TABLE C	- ☐ TABLE G OR H	= ☐ (+ OR −)	TABLE J OR Q	to TABLE J OR Q	/90 TABLE W	TABLE W
18. Dictation	7 (40)	226											
19. Proofing	1 (29)	225											
Written Lang Cluster Score			451	1.6 TABLE D	to TABLE D		TABLE D	- ☐ TABLE G OR H	= ☐ (+ OR −)	TABLE K OR R	to TABLE K OR R	/90 TABLE W	TABLE W
20. Science	(39)												
21. Soc Studies	(37)												
22. Humanities	(36)												
Knowledge Cluster Score			☐	TABLE E	to TABLE E		TABLE E	- ☐ TABLE G OR H	= ☐ (+ OR −)	TABLE L OR S	to TABLE L OR S	/90 TABLE W	TABLE W
Record the four Achievement Cluster Scores				to be plotted on the Subject Profile									
13. L-W Ident	(54)												
17. Appl Probs	(49)												
18. Dictation	(40)												
Skills Cluster Score			☐	TABLE F	to TABLE F		TABLE F	- ☐ TABLE G OR H	= ☐ (+ OR −)	TABLE M OR T	to TABLE M OR T	/90 TABLE W	TABLE W
INTEREST CLUSTERS													
23. Reading Interest	(25)												
24. Math Interest	(25)												
25. Wr Lang Interest	(25)												
School Interest Cluster Score			☐					- ☐ TABLE G OR H	= ☐ (+ OR −)	TABLE N OR U	to TABLE N OR U		
26. Physical Interest	(35)												
27. Social Interest	(35)												
Nonschool Int Cluster Score			☐					- ☐ TABLE G OR H	= ☐ (+ OR −)	TABLE O OR V	to TABLE O OR V		
[illegible]				to be plotted on the Subject Profile									

RESULTS FROM RELATED TESTS:

Test	Date of Testing	Results

RECOMMENDATIONS FOR FURTHER TESTING AND/OR PROGRAM PLANNING:

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CASE #3

REFERRAL

Name; David A.
Date: April 1, 1982
Grade: 6

David was referred for evaluation by his 6th grade teacher, Mrs. Peterson. He has a history of academic underachievement and inappropriate and acting out behavior in class.

CASE #3

Name: David A.
Date of Evaluation: April 27, 1982
Date of Birth: November 30, 1968
Age: 13
Grade: 6

PPVT %ile = 4

Wepman 2 "different" errors

Raven Standard Matricies %ile = 75

VMI age equivalent 10-2

DAP Attached

Woodcock-Johnson Attached

Walker Attached

SUMMARY OF SCORES: Do these test results provide a fair representation of the subject's present functioning? ☐Yes ☐No

If not, what is the reason for questioning the results? ______

Subtest / CLUSTER	Raw Score	Part Score from Table A	CLUSTER SCORE	Grade Score	INSTRUCTIONAL RANGE Easy	INSTRUCTIONAL RANGE Difficult	Age Score	AVERAGE CLUSTER SCORE ☐ Grade ☐ Age	CLUSTER DIFFERENCE SCORE	Percentile Rank at ☐ Grade ☐ Age	Percentile Rank Range	RPI at ☐ Grade ☐ Age	Functioning Level
ACHIEVEMENT CLUSTERS													
13. L-W Ident	36 (54)	169											
14. Word Attack	10 (26)	162											
15. Pass Comp	15 (26)	166	a					b	a−b=c				
Reading Cluster Score			497	4.3 TABLE B	3.4 to	5.5 TABLE B	9.6 TABLE B	− 521 TABLE G OR H	= −24 (+ OR −)	14 TABLE I OR P	13 to 17 TABLE I OR P	34/90 TABLE W	MD TABLE W
16. Calculation	19 (42)	256											
17. Appl Probs	31 (49)	255											
Mathematics Cluster Score			511	5.8 TABLE C	4.9 to	6.9 TABLE C	11.2 TABLE C	− 531 TABLE G OR H	= −20 (+ OR −)	13 TABLE J OR Q	9 to 20 TABLE J OR Q	50/90 TABLE W	MD TABLE W
18. Dictation	18 (40)	252											
19. Proofing	12 (29)	251											
Written Lang Cluster Score			503	4.7 TABLE D	3.8 to	5.7 TABLE D	9.10 TABLE D	− 527 TABLE G OR H	= −24 (+ OR −)	13 TABLE K OR R	11 to 18 TABLE K OR R	39/90 TABLE W	MD TABLE W
20. Science	___ (39)	___											
21. Soc Studies	___ (37)	___											
22. Humanities	___ (36)	___											
Knowledge Cluster Score			☐	___ TABLE E	___ to	___ TABLE E	___ TABLE E	− ☐ TABLE G OR H	= ☐ (+ OR −)	___ TABLE L OR S	___ to ___ TABLE L OR S	/90 TABLE W	___ TABLE W
Sum of the four Achievement Cluster Scores			___ (To be plotted on the Subtest Profile)										
13. L-W Ident	___ (54)	___											
17. Appl Probs	___ (49)	___											
18. Dictation	___ (40)	___											
Skills Cluster Score (Preschool)			☐	___ TABLE F	___ to	___ TABLE F	___ TABLE F	− ☐ TABLE G OR H	= ☐ (+ OR −)	___ TABLE M OR T	___ to ___ TABLE M OR T	/90 TABLE W	___ TABLE W
INTEREST LEVEL CLUSTERS													
23. Reading Interest	___ (25)	___											
24. Math Interest	___ (25)	___											
25. Wr Lang Interest	___ (25)	___											
Schol Interest Cluster Score			☐					− ☐ TABLE G OR H	= ☐ (+ TO −)	___ TABLE N OR U	___ to ___ TABLE N OR U		
26. Physical Interest	___ (35)	___											
27. Social Interest	___ (35)	___											
NonSchol Int Cluster Score			☐					− ☐ TABLE G OR H	= ☐ (+ TO −)	___ TABLE O OR V	___ to ___ TABLE O OR V		
Sum of the two Interest Cluster Scores			___ (To be plotted on the Subtest Profile)										

RESULTS FROM RELATED TESTS:

Test	*Date of Testing*	*Results*

RECOMMENDATIONS FOR FURTHER TESTING AND/OR PROGRAM PLANNING:

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DAC-L

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	SCALE				
	1	2	3	4	5
1. Complains about others' unfairness and/or discrimination towards him.	[✓ 3]			✓	
2. Is listless and continually tired.					2
3. Does not conform to limits on his own without control from others.			[✓ 1]		✓
4. Becomes hysterical, upset or angry when things do not go his way.	[✓ 3]				✓
5. Comments that no one understands him.				1	
6. Perfectionistic: Meticulous about having everything exactly right.			2		
7. Will destroy or take apart something he has made rather than show it or ask to have it displayed.				[✓ 4] ✓	
8. Other children act as if he were taboo or tainted.					4
9. Has difficulty concentrating for any length of time.			[✓ 1] ✓		
10. Is overactive, restless, and/or continually shifting body positions.			2		
11. Apologizes repeatedly for himself and/or his behavior.					2
12. Distorts the truth by making statements contrary to fact.	[✓ 1]				✓
13. Underachieving: Performs below his demonstrated ability level.		✓	[✓ 1]		
14. Disturbs other children: teasing, provoking fights, interrupting others.			[✓ 2]		✓
15. Tries to avoid calling attention to himself.		1			
16. Makes distrustful or suspicious remarks about actions of others toward him.	[✓ 2]				
17. Reacts to stressful situations or changes in routine with general body aches, head or stomach aches, nausea.					3
18. Argues and must have the last word in verbal exchanges.	[✓ 1]				✓
19. Approaches new tasks and situations with an "I can't do it" response.			[✓ 1] ✓		
20. Has nervous tics: muscle-twitching, eye-blinking, nail-biting, hand-wringing.					3
21. Habitually rejects the school experience through actions or comments.	1				
22. Has enuresis. (Wets bed.)					1
23. Utters nonsense syllables and/or babbles to himself.				[✓ 4]	
24. Continually seeks attention.			[✓ 1] ✓		
25. Comments that nobody likes him.				2	
26. Repeats one idea, thought, or activity over and over.				4	
27. Has temper tantrums.	[✓ 2]				✓
28. Refers to himself as dumb, stupid, or incapable.				3	
29. Does not engage in group activities.		2			
30. When teased or irritated by other children, takes out his frustration(s) on another inappropriate person or thing.	[✓ 2]				✓
31. Has rapid mood shifts: depressed one moment, manic the next.	[✓ 4]			✓	
32. Does not obey until threatened with punishment.	[✓ 1]				✓
33. Complains of nightmares, bad dreams.					1
34. Expresses concern about being lonely, unhappy.				3	
35. Openly strikes back with angry behavior to teasing of other children.	[✓ 3]				✓
36. Expresses concern about something terrible or horrible happening to him.					1
37. Has no friends.		4			
38. Must have approval for tasks attempted or completed.	1			✓	
39. Displays physical aggression toward objects or persons.	[✓ 1]				✓
40. Is hypercritical of himself.				[✓ 1]	
41. Does not complete tasks attempted.			[✓ 1] ✓		
42. Doesn't protest when others hurt, tease, or criticize him.		3			
43. Shuns or avoids heterosexual activities.				3	
44. Steals things from other children.				✓	[✓ 1]
45. Does not initiate relationships with other children.		4			
46. Reacts with defiance to instructions or commands.	1				✓
47. Weeps or cries without provocation.					[✓ 1]
48. Stutters, stammers, or blocks on saying words.				1	
49. Easily distracted away from the task at hand by ordinary classroom stimuli, i.e. minor movements of others, noises, etc.			1		
50. Frequently stares blankly into space and is unaware of his surroundings when doing so.			1		

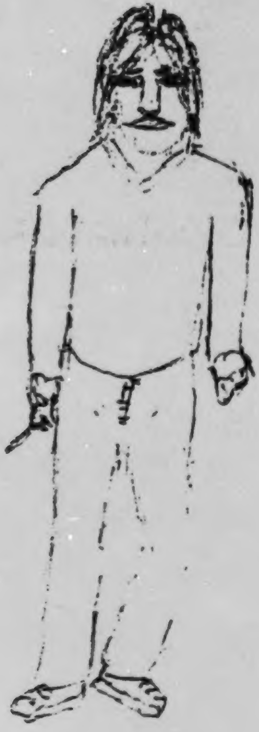
Scale 1 Score		Scale 2 Score		Scale 3 Score		Scale 4 Score		Scale 5 Score		Total Score
23	+		+	5	+	8	+	2	=	☐

Tom

𝍸 𝍸 𝍸
𝍸 𝍸𝍸 𝍸
𝍸 𝍷

41

13.3



PSYCHO-EDUCATIONAL ASSESSMENT REPORT MONITORING FORM

Name of Child	Tester (Initials)	Date Tape Turned In	Date Distributed for 1st Typing	1st Draft Returned Typed	DATE				Critiqued Reports Provided by Tester	Edited & Critiqued Revision or Redictation Turned I..	Date Distributed for Final Typing	Final Typing Returned	Date Final Typing Reviewed & Signed by Tester	Summary of Days Delayed
					1st Draft Picked up by Tester	Edited Report Returned	Picked Up for 2nd Opinion	Report Returned with 2nd Opinion						

ASSESSMENT SEQUENCE AND DECISION GUIDE

	INITIAL HYPOTHESES	OBSERVATIONS	EVALUATION	REPORT & RECOMMENDATIONS
REVIEW THE REFERRAL	BEHAVIORAL DISTURBANCE	Interaction With Examiner (Verbal/Non-verbal) -Language -Dress -Posture/Facial Expression With Teacher/Peers	Interview Burks', DAP Extra-Curricular Interests Home Situation Attitude -Self -School (Teacher/Peers) -Life	Psychological Evaluation Counseling Family Intervention T.L.C.
	ACADEMIC DELAYS	Note Language Skills Comprehension -English -Navajo Reading Skills Writing Skills Math Skills	Language Dominance PPVT, Quick Test Ability Assessment -Math Key Math Diagnostic Math -Reading Brigance Woodcock -Spelling	Remedial Tutoring Special Education Full/Part Time Emphasis on Subject Individualization Effort
	PHYSICAL ILLNESS	Physical Appearance -Height -Weight -Injury Visual Ability Auditory Ability Speech Production -Teeth	VMI Wepman DAP Bender-Gestalt	Physical Examination Nutrition Eye Examination Ear Examination Speech Therapy

INDIVIDUAL PSYCHO-EDUCATIONAL ASSESSMENT

SCRIPT AND SEQUENCE

Introduction

In administering individual tests to children, there is an accepted pattern and sequence that generally should be followed. Each test administrator should be very familiar with that sequence but prepared to take liberties or make alterations to the sequences as the occasion demands.

Refer to the child by his/her first name and yourself as Mr., Mrs., or Miss. The sequential steps are suggested for psycho-educational individual assessment battery:

1. Review the Referral Information. Referral Form, Teacher Rating Forms, and other information on the child previous to meeting the child.

   Generally, you should know what children you are going to see during the day and have their folders with referral information available. Early in the morning, the first child's records should be reviewed. You can generally review the second child's records during testing of the first child - while they are doing some independent task.

   In reviewing the records, note salient factors about the child's home, environment, school, presenting problems, formulate some contact and ice-breaking questions or statements that can be used when you first meet the child, i.e., "Your name is _____?", "You are how old?", "Your teacher tells me you like baseball.", "Your teacher tells me that you don't like girls." Anything that can get the child talking and overcome anxiety and problems of separation.

2. Formulation of Hypotheses. From the review of the record, identify some hypotheses or assumptions for the problem. From this you determine the assessment instruments that you will use to confirm or refute these hypotheses or assumptions.

3. Maintain a friendly, encouraging, yet in control approach to the child.

   "Hi _________. I am Mr. or Mrs. ____________. Your teacher wants me to play some games with you that will help us see how good you are at thinking, answering questions, and solving problems. I think you will find these games or tests very fun... Some of them are very, very easy; so easy they are almost silly. Some are quite tricky, but I am sure you will like every one of

> them... I want very much to see how hard you can try, and when you are not sure about some tricky question, try and guess it right. A smart person like you will be able to guess an awful lot of these right..."
>
> "The first thing I would like you to do for me is to draw me a picture of a man. Draw a whole man, not just his head and shoulders, and try to make him the very best man that you can. This is one of those tasks that are so easy that it is almost silly. While you are drawing the man, I will get some other things ready and will ask you some questions."

4. Interview Form. Go through the interview form asking only those questions that are needed to fill in missing information from the referral form. Each time the child provides information you should indicate that this is self-report information not contained in the record. (Generally the interview information can be obtained while the child is doing the drawing of the man.) Children often like to be engaged in motor activities while they are answering questions. If this is disrupting, however, do the interview separate.

5. Language Dominance and Language Assessment.

   > "I am going to ask you some questions about your language. If you don't understand them, just tell me so."
   >
   > "This next game is a picture game, where I am going to show you some pictures and all you will have to do is point to pictures."

6. Ability Assessment. Depending on the child's performance in the language dominance test and in the Receptive English Test (QT/PPVT) you will generally select either the WISC-R, Leiter, Hiskey, or some other multi-dimensional mental ability testing battery. Usually this test is administered next. It is followed by a confirmation test, such as the Raven's Progressive Matrices or the Columbia Mental Maturity. These two tests are given to confirm the results and findings of the previous Test.

7. Psycho-Motor Assessment. Generally the VMI is administered for psychomotor assessment. At times one may use the Bender Gestalt, House-Tree-Person, or a variety of other tasks. The VMI presents an independent task, so you can do other things while the child is responding.
8. Achievement Testing. Achievement testing is almost always broken into two or more sections; reading and math. Depending on the referral question a decision is made as to what depth one needs to go into in achievement testing: a) If the referral form indicates all academic areas are low, the preferred approach would be to administer the Woodcock-Johnson Achievement Test; b) If the referral form indicates that reading is low but math is good, the preferred approach would be to use a screening achievement test, such as the WRAT or PIAT and follow it up with a diagnostic reading test, such as the Woodcock Reading Mastery Test or the Phonics Decoding Test, the Brigance, or the Diagnostic Reading Scales; c) If a math diagnosis is needed, utilize the Key Math or the Math Screening Test.
9. Diagnosis of Achievement. Approximately half to two-thirds of the time in testing should be devoted to diagnostic academic skills. This is the area that provide the greatest help for teachers. The diagnostician should identify: a) The level at which the child is performing; b) The recommended point.at which the teacher should start the child, where the child could attain success; c) Recommend one or two of the next teacher sequences; and d) Identify specific things that the child does and doesn't know. As much specificity as possible in the achievement areas is the goal of diagnositic testing.

10. Fatigue. Between tests or between activities, it is a good idea to have the child stand, move around, switch from one activity to another to prevent both boredom and fatigue.

11. Observation. Throughout the testing the examiner should record observations. Assumptions, confirmations, situational stress, testing of the limits, etc. then are pulled together during the testing and written on the "Interview and Draft Report Form."

12. Rapport. The proper testing atmosphere is essential. Environmental conditions, i.e., noise, distractions, temperature, furniture, and so forth are seldom ideal. Hopefully all of this can be overcome with a positive, rewarding, supportive, and encouraging atmosphere on the part of the examiner. The child should truly enjoy the entire test. Compliments, encouragement, and reinforcement for effort should be used throughout testing.

13. At the end of testing, reward the child with some tangible reward.

Seminar II

Orientation and Training in Individual Assessment
of Native American Children

Exceptional Child Center Staff Psychologists

August 28, 1982

Topic 2 - Assessment Research Project

Forward

Participants were familiarized with the research design, procedures, and expected outcomes of the Assessment Research Project. Copies of testing reports were available and participants reviewed the Test Report Critique Form in an effort to understand how school personnel were reviewing their reports (see Appendices C and D). The Psycho-Educational Testing Report Format was reviewed and the content of the various sections discussed (see Appendix F).

ASSESSMENT RESEARCH STUDY
Fort Defiance Agency

Procedural Phases, Tasks, and Steps
1 January 1982

I. Phase One--Assessment of the Utilization and Educational Relevance of Psycho-Educational Assessment Reports in the Fort Defiance Agency

Pre-Project Activities

Task A--Collection of Baseline Data

Step 1--Identification of the primary users of the 1980-81 individual psychoeducational testing reports in the Fort Defiance Agency.

Step 2--Identification of the level and/or the extent the 1980-81 psychoeducational testing reports are used in the Fort Defiance schools.

Step 3--Identification of the types of information on the 1980-81 reports which the teaching staff felt to be most useful.

Step 4--Identification of the information on the 1980-81 testing reports which was seen by teachers and other school staff as being least useful.

Step 5--Determination of the relationship between the recommendations and findings in the 1980-81 psycho-educational reports and the recommendations contained from the students' IEPs.

Step 6--Determination of how valid the teaching staff at the Fort Defiance Agency feels that the recommendations and findings on the 1980-81 testing reports are. This will be undertaken by comparison and calculations of the perceptions of the teaching staff in reviewing testing reports.

Step 7--Collection of information on the 1980-81 psychological reports from the teachers at the Fort Defiance Agency as to how the report can be improved in wording, format, presentation, length, etc.

Step 8--Analysis of the above data.

Step 9--Submission of the progress report, Phase One, Task A (June, 1981).

Task B--Development of In-Service Training Workshops for (a) Fort Defiance Staff, and (b) School Psychologists Selected to Provide Psycho-Educational Testing in September, 1981 to the Fort Defiance Agency. (These workshops will be supported by an in-service training and testing contract awarded by the Fort Defiance Agency. These workshops and above activities are not part of the Assessment Research Project budget. The workshop's content among other things, however, will address an orientation for the Fort Defiance staff and school psychologists of the project to ensure consistency and understanding of the procedures and so forth when the project begins in September, 1981.)

Step 1--Develop objectives, procedures, manuals, etc. for in-service training at Fort Defiance Agency.

Step 2--Conduct Fort Defiance in-service training.

Step 3--Develop objectives, procedures, manuals, etc. for in-service training of psychologists.

Step 4--Conduct a training workshop for the psychologists.

Step 5--Prepare an evaluation report of the in-service training at the Fort Defiance Agency (Fall, 1981).

Commencement of the Assessment Research Grant Proposal As Approved by U.S. Department of Education, Office of Special Education Rehabilitation Services

September 3, 1981

Task C--Start Up Activities for the Assessment Research Study

Step 1--Appropriate revisions of time-frames and tasks.

Step 2--Employment of staff.

Step 3--Revision of the Psycho-Educational Assessment Format.

Step 4--Monitoring test administration.

Step 5--Preparation of the report and evaluation of psycho-educational assessment.

Task D--Assessment of the Utilization and Educational Relevance of Psycho-Educational Assessment Reports for the Fort Defiance Agency (1981-82 Academic Year).

Step 1--Identification of the primary users of the 1981-82 individual psychological testing reports in the Fort Defiance Agency.

Step 2--Identification of the level and/or extent of the 1981-82 psycho-educational testing reports were used by the Fort Defiance Agency staff.

Step 3--Identification of the types of information on the 1981-82 psycho-educational reports which the Fort Defiance staff felt was most useful.

Step 4--Identification of the information on the 1981-82 testing reports which teachers and other school staff at the Fort Defiance Agency felt was least useful.

Step 5--Determination of the relationship between the recommendations and findings on the 1981-82 psycho-educational reports and the recommendations contained on the student's IEP.

Step 6--Determination of how valid the teachers and staff feel that the recommendations and findings of the 1981-82 testing reports are. This will be determined by the sample of the teaching staff reviewing the reports and correlating it with other data.

Step 7--Collection of information from the 1981-82 testing reports as to how to improve the reports in terms of format, wording, presentation, length, clarity, etc.

Step 8--Analysis of the above data.

Step 9--Preparation of Progress Report, Phase One, Task D.

II. Phase Two--Development of Inservice Training Programs to Improve the Utilization and Educational Relevance of Psycho-Educational Assessment

Analysis and examination of previous data collected, including Progress Reports

Task A--Inservice Training for Fort Defiance Staff

Step 1--Develop objectives, procedures, materials, etc. for in-service training of Fort Defiance Agency staff.

Step 2--Preparation of training manual.

Step 3--Review of training materials and procedures by content specialists at the ECC and content specialists from Fort Defiance.

Step 4--Preparation of in-service training evaluation materials.

Step 5--Analysis of workshop evaluation and preparation of evaluation report.

Task B--In-Service Workshop for Psychologists Assigned to Provide Individual Testing, Fort Defiance Agency, August, 1982

Step 1--Design objectives, procedures, and materials for the workshop.

Step 2--Review by content specialists at the ECC of objectives and materials for the workshop.

Step 3--Evaluation workshop

Task C--Administration of Psycho-Educational Testing, Fall, 1982 Participating Schools Following Revised Procedures and Revised Formats

III. Phase Three--Evaluation of Project Impact

Task A--Determine Project Impact

Step 1--Identification of the primary users of the 1982 individual psycho-educational testing reports in the Fort Defiance Agency.

Step 2--Identification of the level and/or the extent the 1982 psycho-educational testing reports are used in the Fort Defiance schools.

Step 3--Identification of the types of information on the 1982 reports which the teaching staff felt to be most useful.

Step 4--Identification of the information on the 1982 testing reports which was seen by teachers and other school staff as being least useful.

Step 5--Determination of the relationship between the recommendations and findings in the 1982 psycho-educational reports and the recommendations contained from the students' IEPs.

Step 6--Determination of how valid the teaching staff at the Fort Defiance Agency feels that the recommendations and findings on the 1982 testing reports are. This will be undertaken by comparison and calculations of the perceptions of the teaching staff in reviewing testing reports.

Step 7--Collection of information on the 1982 psychological reports from the teachers at the Fort Defiance Agency as to how the report can be improved in wording, format, presentation, length, etc.

Step 8--Analysis of the above data.

Step 9--Submission of the progress report, Phase One, Task A (June, 1982).

Task B--Analysis of Data Collected

Task C--Preparation for Submission of Final Report

IV. Dissemination of Findings

Seminar II

Orientation and Training in Individual Assessment of Native American Children

Exceptional Child Center Staff Psychologists

August 28, 1982

Topic 3 - Writing Reports and Conducting Staffings

Forward

This topic reviewed and provided exercises to sharpen the psychologists' skills in observation, recording results, and communicating testing results in staff meetings and written reports. Examples of test protocols were given to participants and simulated student staff meetings were held.

One-line descriptors of commonly used individual assessment instruments as well as a list of accepted Diagnostic Statements (see Appendix G) for classification of children in special education programs were discussed and edited.

Rough draft copies of a testing report were distributed (see Appendix H). Participants were asked to edit this rought draft report. It was the purpose of this exercise to shorten the reports by eliminating uninformative or duplicative phrases, sentences, or material. Exercises were also provided for psychologists to utilize the dictating machines to walk through the logistic procedures of dictating, reviewing, editing, and obtaining a second opinion of the psycho-educational testing reports.

In the final section of Topic 3, resource material was discussed that would be available to the psychologists for developing recommendations. Particular attention was given to the STEP material to ensure that psychologists knew how to use the STEP program in identifying entry points and sequential steps of instruction in making placement and program recommendations (see Bibliography).

Test "One-Liners"

- The AAMD is a behavior rating scale that evaluates the effectiveness with which an individual copes with the natural and social demands of their environment.
- The Arizona Teacher Rating Scale is a teacher observation screening device designed to detect basic visual, auditory, academic or behavioral learning problems in the classroom.
- The Bender-Gestalt Test, a paper and pencil figure drawing test, was administered to assess visual-graphomotor and visual-perceptual-motor skills.
- The Brigance Inventory is an assessment of basic readiness for and achievement of general academic, physical, and self-help skills in key areas.
- The Columbia Mental Maturity Scale is a non-verbal test which is designed to assess reasoning ability.
- The Draw-A-Person Test, a human figure drawing task, is a measure of intellectual maturity and personality assessment.
- The Hiskey-Nebraska, a primarily non-verbal test, is administered to assess learning aptitude.
- The Key-Math Test is designed to provide a diagnostic assessment of math skills in content, operations, and application.
- The Leiter International Performance Scale, a non-verbal test, is administered to assess general reasoning ability.
- The Math Screening Device (Hofmeister) is administered to obtain a measure of basic math computation skills.
- The Peabody Picture Vocabulary Test is administered to assess receptive verbal ability through the student's auditory vocabulary.
- The Quick Test is used as a brief screening device to measure receptive verbal ability.
- The Raven Progressive Matrices, a relatively culture-free test, provides a measure of reasoning ability through non-verbal means.
- The Test of Coding Skills is a diagnostic measure of specific word-attack skills.
- The VMI (Development Test of Motor Integration) is a paper and pencil copying test; it is utilized to assess visual perception and motor skills.
- The Weller-Strawser is designed to assess the adaptive behavior or learning disabled students.

- The Wepman Auditory Discrimination Test is administered to assess the student's ability to differentiate between the various sounds used in the English language.

- The WISC-R is administered to assess verbal and non-verbal cognitive abilities.

- The Woodcock Reading Mastery Tests are used to evaluate the student's skills in letter and word identification, word attack, and reading comprehension.

- The Woodcock-Johnson Psycho-Educational Battery is a wide range comprehensive set of tests for measuring cognitive ability, achievement, and interests.

- The Wide Range Achievement Test is administered to obtain a measure of academic achievement in reading, spelling, and math.

Style: A psychoeducational testing report that isn't a chore to read.

The following suggestions on syle have been adapted from Strunk and White, The Elements of Style. The points have been identified through the review of a large number of testing reports and through extensive interviews with test report consumers. They are intended as guidelines to aid diagnosticians in writing reports which facilitate the program planning and education of the handicapped child.

No matter how well a psychologist conducts an evaluation, no matter how valid his conclusions, and no matter how appropriate his recommendations, the time and resources invested in testing will have little impact on the student's education if the results are not communicated in a useful manner.

1. Choose a suitable design and hold to it.
   The psychoeducational report outline provides an outline. Information should be presented in a logical and systematic manner.

2. Use definite, specific, concrete language.

3. Omit needless words.

   Examples of inaccurate language and needless words frequently encountered in testing reports include:

   in terms of
   the subject
   this young lady
   results displayed
   did extremely well
   the format of this test is that
   according to
   scored very high
   was again
   he did
   would be
   testing device
   in that
   did extremely poorly
   in order to
   would indicate
   to get some idea

4. Revise and rewrite.

   Review each sentence to see that it adds to the meaning of its paragraph and that each paragraph adds to the meaning of its section. During revisions, eliminate sections which are repetitive.

5. Avoid the overuse of qualifiers.

   Words such as "rather", "very", and "little" detract from the meaning of the words they modify.

UTAH STATE UNIVERSITY
University Affiliated
Exceptional Child Center

MEMORANDUM

To: Members of the Testing Team Who Went to the Fort Defiance Agency This Fall

From: Marvin Fifield M.F.

Subject: Editing Psychological Testing Reports

Date: September 21, 1981

In reviewing the psychological testing reports, I see a number of rather systematic problems occurring. Please look carefully through your reports and correct any of the following problems which may be creeping into your dictation.

1. We agreed upon an abstract. In some of the reports I have reviewed, an abstract has not been written. This should be about four or five lines and should run something like this:

    > ______________ was referred for testing to investigate problems of __________________. He was given a battery of unbiased ability and achievement tests (or other types of battery tests). Test findings suggest that he is eligible for placement in special education in a category of __________________ (or not eligible for special education placement). Recommendations for short-term and long-term instructional objectives, placement, etc. were provided.

    You can add any other pertinent information unique to the child.

2. Two or three poor patterns of dictation are coming through. First, we put in too many words. In editing a report, the best editing is to strike out words, phrases, and sentences that don't add. In most cases, long sentences or awkward sentences can be improved by simply eliminating them or adding a single word in another place. Good editing usually will reduce the verbage by 10 to 20%.

3. There is a tendency for testers to make interpretations or implications; or suggest causes or relationships during the first section of the report. When you report the findings, referral information, and background information, just report the factual information. Under recommendations and suggestions, you can take some liberty, but again, don't make inferences. Tell how the child performed and what he needs; not what is wrong, why, where he should be placed or how it should be done.

4. We often use trite terms in reports. This is a verbal habit that we get into. Examples are such things as. "in terms of", "the subject", "results displayed", "was again", "he did", "would be", etc. These phrases and a variety of others we put in as we dictate. For the most part, they just clutter the report and don't add clarity or meaning. These should be carefully deleted.

5. Be sure and use the word "ability", not intelligence.

6. There is a tendency to use too many superlatives, such as, "did extremely well", "scored very high", "was extremely low", "was terribly poor", etc. Delete these superlatives and talk about "above average", "below average", "delayed", "significantly delayed", "testing indicated", "behavior suggested", "it is suggested that", etc. In reporting results, indicate "skills are not secure" rather than "skills are weak"; and rather than saying, "he was particularly weak in arithmetic", state "his performance indicated that he had not mastered the mathematic skills of addition combinations, carrying, borrowing, multiplications, etc. Use "may" rather than "should".

7. In editing, review each sentence to see if it is adding to what you are saying in the report. You will find that many times when you dictate, you will put things in that seem to have meaning at the time of dictation, but don't have any meaning in the sequence of the report because they are covered in another part of the report. Thus, you can eliminate a significant amount of the verbage in the report.

MGF/sn

BIBLIOGRAPHY OF TESTS
AND
INSTRUCTIONAL PROGRAMS

BIBLIOGRAPHY OF TESTS
AND
INSTRUCTIONAL PROGRAMS

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APPENDIX A

Referral Questions

REFERRAL QUESTIONS

Characteristics of a good referral question:

A. Points to a specific area of concern where assessment can be made.

B. States the reasons for concern.

Poor Referral Question	Good Referral Question
I would like a complete psychological on John.	John does not seem to be learning as quickly as the other students in my class. He is behind in reading and math
Mary is not adjusting in the classroom.	Mary is having some difficulties in the classroom. When I am giving the class instructions or when she should be working independently, she is usually day dreaming. Also, she frequently back talks, fights with other students, has been caught stealing twice, and almost never hands in homework assignments.
Speech evaluation on Wesley.	Wesley is 6 years old and almost never talks. When he does speak, it is usually with only 1 or 2 words which are often difficult to understand.

APPENDIX B

Psycho-Educational Testing Report Format

Appendix B

CONFIDENTIAL

Psycho-Educational Testing Report Format

Student:

Date of Evaluation: ______/______/______
Year Month Day

Birth Date: ______/______/______
Year Month Day

Age: ______/______/______
Year Month Day

Grade:

School:

Examiner:

Tests Administered: (list all tests)

REFERRAL INFORMATION

Referred by School ____________________ ____________________

Referral Concerns/Reasons

BACKGROUND INFORMATION

Tribe ____________________ ____________________

____

Parents in Home: Mother ______________ Father ____________________

Foster Placement ____________________ Adoption ____________________

Brothers ____________ Sisters __________ Family Position ____________

Pronounced Health Problems ______________________________________

Vision ______________________ Hearing ______________________

Medications ____________________ Hospitalizations ____________________

Previous Schools Attended ______________________________

Retention _______________ Transition _______________

Special Help Received: Special Education _______________

Remedial Reading _______________ Tutorial _______________

Previous Evaluations __________ (Date) _______________ (Examiner)

Tests Administered ______________________________

____

____

Previous Recommendations ______________________________

____

Problems the Student Perceives (e.g., academic, social, etc.)

Interests (e.g., clubs, sports, etc.)

BEHAVIORAL OBSERVATIONS

Communication skills, receptivity, accessibility, rapport, motivation, persistence, distractibility, language skills, enjoyment of the tasks, shifting from one task to another, any outstanding physical features, and specific difficulties and/or strengths.

PSYCHOEDUCATIONAL FINDINGS

Start each test with a new paragraph. Include a short statement as to why the test was used and what it measures.

Language Assessment

Include results from the Primary Language Questionnaire and the Quick Test or the Peabody Picture Vocabulary test.

Intellectual Assessment

Do not report IQ scores. Report what range the child is functioning in, categories, bands, percentiles, etc.

Psycho-motor Skills

Results from the VMI or Bender-Gestalt. Any observations regarding fine/gross motor skills.

Results from the Wepman Auditory Discrimination Test

Reading Assessment

Results from the Woodcock-Johnson reading subtests or Woodcock REading, WRAT, etc.

Mathematics Assessment

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Written Language Assessment

Socio-Emotional Findings/Adaptive Behavior

Include findings from the DAP, Incomplete Sentences, emotional indicators from the Bender, etc.
Results from behavior rating scles, adpative behavior, etc.

SUMMARY

RECOMMENDATIONS

1. Diagnostic Statement

This statement should be in the words used in the BIA regulations (see example). If student does not meet BIA guidelines for classification, state so.

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2. Other Placement Considerations

Small group, one-to-one, reduce reading level of material in regular classroom, any particular educational placement considerations, modifications, vocational programming. For students not qualified for special education, address the student's educational related problems, if any, in terms of what needs to be done in the regular classroom or any other resources needed.

3. Short-Term (Annual) Goals

An annual goal represents the achievement anticipated for the student over a period of one school year. This is an educated guess or estimate of where the student will be at the end of one year, if a prescribed intervention program is followed. In making this statement, the examiner must consider the following criteria for choosing annual goals:

a) the student's past achievement,
b) the student's present level of performance,
c) the practicality of the chosen goals,
d) the priority needs of the student,
e) the amount of time to be devoted to the instruction related to the goal.

Many goals will take more than one year to accomplish. The annual goals should be viewed in a sense, as the short range goals leading to broader expectations that will enable students to achieve their maximum potential upon leaving school.

The areas which may need to be addressed in making short-term goals include: reading, math, visual-motor skills, writing and spelling, interest, motivation, social and/or personality changes.

4. Long-Term Goals

Long-term goals are a projection of the achievement and levels of functioning anticipated for a student over a period of two to four years; longer in some instances. These will be of a more global nature than short-term goals but should be based upon extensions of the short-term goals.
These may include: academic achievement, social changes, functional education, health, vocational, etc.

5. Instructional Materials and Strategies

Any suggested materials or techniques such as small group materials, AV materials, oral/written suggestions, etc.

6. Supportive Services

Counseling; formal or informal, teacher counseling. Address any concerns of referrals for vision, hearing, health, etc.

7. Evaluation Criteria for Success

Mastery of academic skills, impulse control, improvement of self-concept, more group participation, acceptance of responsibility, independence, confidence, etc., decreased absenteeism, control over emotions.

APPENDIX C

Sample Psycho-Educational Testing Report

Appendix C

University Affiliated
EXCEPTIONAL CHILD CENTER
Utah State University
Logan, Utah 84322

Confidential

PSYCHO-EDUCATIONAL TESTING REPORT

Name:

Date of Evaluation: September 8, 1981

Date of Birth: December 14, 1970

Age: 10 years 10 months

Grade: 5

School: Boarding School
Fort Defiance Agency

Examiner: , Staff Psychologist

Tests Administered: Peabody Picture Vocabulary Test
Draw-A-Person
Developmental Test of Visual-Motor Integration
Primary Language Questionnaire
Wepman Auditory Discrimination Test
Raven Progressive Matrices
Woodcock-Johnson Psycho-educational Battery

Abstract

was referred for evaluation to investigate low academic achievement. He was given a battery of unbiased ability, achievement, and psycho-motor tests. Findings suggest that he is eligible for special educational services in a category of learning disabled. Recommendations for short-term and long-term instructional objectives, placement, and supportive services were provided.

Referral Information

was referred for evaluation by his teacher, Mrs. , who indicated he was low in all subject areas. She wondered if this was due to language deficits or absenteeism.

Background Information

is a Navajo, who lives at home with his mother and father, three brothers and three sisters. He indicated that his primary language is English and that he also speaks Navajo. He did not report having any pronounced health problems, but did report that he could not see the board in the classroom. He said he had no problems hearing, was taking no medications, and had not been hospitalized. He has always attended School and said that he was retained in second grade. When asked about his interests, he did not report any. His present teacher said he was absent frequently from school.

Behavioral Observations

It was the opinion of teacher that he worked slowly on classroom tasks. This was also observed by this examiner. When answering a question, he would look thoughtful for a long time and then arrive at the answer. He was not conversational while he was working on the evaluation tasks. On some drawing tasks, for example the Draw-A-Person and VMI, he worked with his eyes close to the paper. While drawing the man, he covered his work so that the examiner would not be able to see.

Psycho-Educational Findings

Language Dominance

was given both the Peabody Picture Vocabulary Test and the Primary Language Questionnaire to assess his facility with the English language. On the Peabody Picture Vocabulary Test, which is administered to assess receptive verbal ability by showing the student a series of pictures and asking him to choose the most appropriate one which goes with the word the examiner says, he achieved a percentile score of 4. This was an age equivalency score of 7 years, 7 months. On the Primary Language Questionnaire, which is a series of questions asking his preferences for speaking Navajo or English, he indicated that he prefers speaking English but does speak both languages.

Audiological Assessment

In order to understand ability to discriminate sounds in the English language, he was given the Wepman Auditory Discrimination Test. His score on this test indicated he had difficulty discriminating sounds in the English language.

Intellectual Assessment

was given the Raven Progressive Matrices to assess reasoning ability. This is a culture-free test measuring problem-solving ability through nonverbal means. score placed him between the 25th and 50th percentile when compared to other children his age taking this test, i.e., within an average range of reasoning ability.

Psycho-Motor Skills

The Developmental Test of Visual-Motor Integration, a paper and pencil copying task, was utilized to assess visual perception and motor behavior. obtained an age equivalency score of 11 years 9 months.

Academic Assessment

In order to assess academic level of functioning, he was given three major subtests from the Woodcock-Johnson Psycho-educational Battery which is a wide range comprehensive set of tests for measuring achievement in the areas of reading, math, and written language. The first subtest was reading which consisted of letter-word identification, word attack, and passage comprehension. He received a grade equivalent of 1.6 in overall reading skills. On the letter-word identification test, he could identify letters and read three-letter words. Under word attack, he could sound consonants singly, but was not certain of vowel sounds or combinations of consonants and vowels.

The mathematics score consisted of two areas--calculation and applied mathematics. He received a mathematics grade equivalent of 3.6. It was observed during the calculation section that he could do no division problems and that he failed to attend to the sign, i.e., he subtracted when he should have added. His applied mathematics skills placed him at the third grade level.

His written language skills, which were assessed through a dictation section and a proofing section, placed him at a grade equivalent of 1.6. He was able to correctly spell two- to three-letter words which were dictated to him. In the proofing section, he was able to recognize capital letters missing at the beginning of the sentence, but appeared to have no usage skills, i.e., the use of "lost" rather than "losed".

Socio-Emotional Findings

On the Draw-A-Person, a human figure drawing task which is a measure of intellectual maturity and personality development, he achieved an age equivalency score of 10 years 9 months. He drew a small figure in the middle of the page and covered this while he was drawing.

Summary

demonstrated average problem-solving ability but worked slowly. He was delayed in all academic areas but had no psycho-motor deficits. He speaks both English and Navajo but had difficulty discriminating sounds used in the English language. No delays were evident in intellectual and personality development.

Recommendations

1. Diagnostic Statement

   Evaluation findings and test results indicate that is eligible for special educational services under the category of learning disabilities according to the Bureau of Indian Affairs, Office of Indian Education Programs, Guidelines, adopted January, 1980. is of normal intelligence and has a documented record of low achievement in reading, language skills, and spelling and displays clear evidence of a learning disability in the learning means of auditory perception. The results of this evaluation should be presented to the placement committee which will review any other factors and obtain a broader basis of professional opinion regarding such placement.

2. Other Placement Considerations

   may benefit from one-to-one instruction to remediate reading and written language deficits. This may also be accomplished by having him work with a programmed learning system.

3. Short-term Goals

   It is recommended that short-term goals for include the following:

a. Increased attendance at school through behavioral programming.

b. Increased division skill (see STEP Program - Short Division, #4).

c. Increased reading skills (see STEP Program - General Reading Skills, #14, Comprehension of Written Material, #7).

d. Increased self-confidence (see STEP Program - Self-Confidence, #8).

4. Long-term Goals

It is recommended that long-term goals for include:

a. Mastery of basic math (addition, subtraction, multiplication, division) skills.

b. Mastery of spelling and sight word vocabulary, i.e., consistent recognition of four- to five-letter words.

5. Instructional Materials and Strategies

Because of pre-adolescent age, it is recommended that vocabulary, reading, and mathematics skills utilize prevocational words and tasks.

6. Supportive Services

Because there was no record of a vision or hearing test in file, his poor sound discrimination and his close proximity to test materials, it is appropriate that he receive both evaluations to determine if poor vision or hearing may be interfering with his learning ability.

APPENDIX D

Psycho-Educational Report Critique Form

Appendix D

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Psychoeducational Testing Report Critique Form

INSTRUCTIONS: Please review the attached psychoeducational testing report for a student with whom you worked last year and complete this critique form by placing a check (✓) on the line next to the statement that is closest to your opinion.

Student: School:

How clearly did this report state this student's testing results?	______ Very clear, I understood everything. ______ Moderately clear, there were very few things I couldn't understand. ______ Moderately unclear, there were several points I couldn't understand. ______ Not at all clear, there were many points I couldn't understand.	Please note some examples of things which were unclear to you for the interview:
Was this report useful in determining this student's placement?	______ Very Useful ______ Somewhat useful ______ Not useful	
How often did you find technical words or phrases which were not adequately explained?	______ The frequent use of jargon made the report extremely difficult to understand. ______ There was substantial jargon used which made the report hard to understand. ______ Some jargon was used, but the report was usually understandable. ______ Little jargon was used.	Please note the phrases or jargon you found confusing for the interview (if you prefer, go through the report and circle them in red):
How does this report compare with other reports you have seen in the past year?	______ About the same. ______ Worse than the others. ______ Better than the others	Comments:
Do these recommendations address the questions raised by the referring teacher?	______ Referral question well addressed. ______ Referral question partly addressed. ______ Referral question not addressed.	Please note some specific questions which were not addressed.
Do you feel that the examiner gave appropriate consideration to social and cultural factors in this student's case?	______ Completely appropriate consideration ______ Partly appropriate consideration given. ______ Partly inappropriate consideration given. ______ Completely inappropriate consideration given.	Please note some specifics:

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Listed below are several of the sections from this student's report along with their stated objectives.

In column A evaluate how well the section of the report met its objectives.

In column B evaluate how useful the section was in planning this student's educational program.

Place a checkmark (✓) on the line corresponding to the statement that is closest to your opinion.

	A How well did this section of the report meet these stated objectives?				B How useful was this section in preparing this student's educational program?		
	VERY WELL, every objective was met.	GOOD, most of the objectives were met.	FAIR, a few of the objectives were met.	POOR, almost none of the objectives were met.	VERY USEFUL, it helped a great deal and was necessary.	SOMEWHAT USEFUL, but was not really necessary.	NOT USEFUL, and was not necessary.
REFERRAL INFORMATION Objectives: 1. Provide background about student (tribe, year at Intermountain, etc.) 2. List referring teacher(s) and their concerns. 3. List records reviewed and information obtained. 4. List findings and recommendations of screening committee.	___	___	___	___	___	___	___
BACKGROUND INFORMATION Objectives: 1. List personal information about the student, family, tribe, health, school, special interests, etc. 2. List the problems as the student sees them. 3. State the student's ability to use English to communicate.	___	___	___	___	___	___	___
BEHAVIORAL OBSERVATIONS Objectives: 1. Describe how student cooperated during testing (rapport, motivation, interest, language, enjoyment, etc.) 2. Note any specific strengths or difficulties.	___	___	___	___	___	___	___
PSYCHO-EDUCATIONAL FINDINGS Objectives: 1. Describe test, what it measures and why it is used. 2. Report results as ranges, percentiles, and grade placements. 3. Report personality and social factors as emotional indicators.	___	___	___	___	___	___	___
SUMMARY Objectives: 1. List student's strengths. 2. Summarize testing findings.	___	___	___	___	___	___	___
RECOMMENDATIONS Objectives: 1. Recommend placement category. 2. List other placement considerations. 3. List long and short-term goals. 4. Suggest instructional materials and strategies. 5. Suggest support services. 6. Suggest a means of evaluating the student's educational program.	___	___	___	___	___	___	___
DIAGNOSTIC STATEMENT Objectives: 1. Recommend most appropriate placement category for student and refer to specific guidelines or regulations. 2. Qualify statement to include other information to be provided by the placement committee.	___	___	___	___	___	___	___

Based on the testing data, the psychologist has made several CONCLUSIONS. Below are some statements about the student taken directly from the psychologist's report.

Please rate each statement in the categories to the right by placing a checkmark (✓) in the box which represents your opinion.

	Can you understand what the psychologist means by this statement?				Does this statement provide you with new information about the student?			Based on your experience with this student, is this statement correct?			Was this statement useful in planning this student's educational program?		
	Very Clear	Somewhat Clear	Hard to Understand	Impossible to Understand	The Testing Report Provided Information I Didn't Know Before	I Suspected This and the Testing Report Verified It	I Didn't Need a Testing Report to Tell Me This	Correct	Partly Correct	Incorrect	Very Useful	Somewhat Useful, but Not Really Necessary	Not Useful and Not Necessary
Alfred was given both the Peabody Picture Vocabulary Test and the Primary Language Questionnaire to assess his facility with the English language. On the PPVT, he achieved a percentile score of 4. This was an age equivalency score of 7 years, 7 months. On the Primary Language Questionnaire, which is a series of questions asking his preferences for speaking Navajo or English, he indicated that he prefers speaking English but does speak both languages.													
In order to understand Alfred's ability to discriminate sounds in the English language, he was given the Wepman Auditory Discrimination Test. His score on this test indicated he had difficulty discriminating sounds in the English language.													
Alfred was given the Raven Progressive Matrices to assess reasoning ability. His score placed him between the 25th and 50th percentile when compared to other children his age taking this test, i.e., within an average range of reasoning ability.													
The Developmental Test of Visual-Motor Integration, a paper and pencil copying task, was utilized to assess visual perception and motor behavior. Alfred obtained an age equivalency score of 11 years 9 months.													
The first subtest was reading which consisted of letter-word identification, word attack, and passage comprehension. He received a grade equivalent of 1.6 in overall reading skills. On the letter-word identification test, he could identify letters and read three-letter words. Under word attack, he could sound consonants singly, but was not certain of vowel sounds or combinations of consonants and vowels.													
The mathematics score consisted of two areas, calculation and applied mathematics. He received a mathematics grade equivalent of 3.6.													
His written language skills, which were assessed through a dictation section and a proofing section, placed him at a grade equivalent of 1.6.													

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One of the purposes of testing is to provide RECOMMENDATIONS or suggestions which may be helpful in planning the student's educational program. Listed below are some of the specific RECOMMENDATIONS taken directly from the report. Please rate each of them.

	Is the recommendation at an appropriate level of specificity?			Based on your experience with this student, does this recommendation provide you with new information?			Given the resources here at Intermountain, how realistic is this recommendation?			How useful was this recommendation in developing this student's individualized education program?		
	Vague	Appropriately Specific	Too Specific	I Knew This Would Be Recommended	This Confirms What I Felt This Student Needed	I Didn't Know This Would Be Recommended	Completely Unrealistic	Somewhat Unrealistic	Realistic	Very Useful	Somewhat Useful	Not Very Useful
Evaluation findings and test results indicate that Alfred is eligible for special education services under the category of learning disabilities.	___	___	___	___	___	___	___	___	___	___	___	___
Alfred may benefit from one-to-one instruction to remediate reading and written language deficits. This may also be accomplished by having him work with a programmed learning system.	___	___	___	___	___	___	___	___	___	___	___	___
It is recommended that short-term goals for Alfred include the following:												
a. Increased attendance at school through behavioral programming.	___	___	___	___	___	___	___	___	___	___	___	___
b. Increased division skills (see STEP Program - Short Division, #4).	___	___	___	___	___	___	___	___	___	___	___	___
c. Increased reading skills (see STEP Program - General Reading Skills, #14, Comprehension of Written Material, #7).	___	___	___	___	___	___	___	___	___	___	___	___
d. Increased self-confidence (see STEP Program Self-Confidence, #8).	___	___	___	___	___	___	___	___	___	___	___	___
It is recommended that long-term goals for Alfred include the following:												
a. Mastery of basic math (addition, subtraction, multiplication, division) skills.	___	___	___	___	___	___	___	___	___	___	___	___
b. Mastery of spelling and sight-word vocabulary, i.e., consistent recognition of four- to five-letter words.	___	___	___	___	___	___	___	___	___	___	___	___
Because there was no record of a vision or hearing test in Alfred's file, his poor sound discrimination, and his close proximity to test materials, it is appropriate that he receive both evaluations to determine if poor vision or hearing may be interfering with his learning ability.	___	___	___	___	___	___	___	___	___	___	___	___

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APPENDIX E

Instructions for the Teacher Rating Scale

ADMINISTRATIVE MANUAL
For
TEACHER RATING SCALE
For the Survey of Children with Exceptional Educational Needs
Grades K-8

INTRODUCTION

Consideration of a student's need for special education is initiated by a referral. Referral may be made by the individual student, parent or guardian; physician; community agencies; other appropriate individuals, groups, or organizations; school personnel; or as a result of any school wide testing or screening program which the local school provides for all students.

The Teacher Rating Scale was designed as an informal screening device which may be used with other approaches such as teacher observation, school performance, standardized test scores or medical examinations to assist individual school districts in the identification of students with possible learning problems.

The major objective of the Scale is to identify students with problems in the categories of vision, hearing, speech, academics, etc., among the total school population. It is based on the assumption that conduct or performances observed by the teacher of a given pupil reflects the extent to which that pupil possesses a trait important to success in school. The traits selected from a factor analysis of mental, emotional and physical skills relate to achievement and normal progress in a "typical" elementary or secondary school. (Please read Appendix B, "Categories Surveyed" before completing scale)

This instrument should not be used to determine a student's eligibility for placement in Special Education Programs, but rather as an early step in a careful, comprehensive identification process.

GENERAL INSTRUCTIONS FOR ADMINISTRATION

Complete a Teacher Rating Scale for each student in your class. Rate each child on his performance and/or conduct listed in each item. The numerical rating selected must reflect a comparison of the subject with pupils from his cultural or ethnic group. For example, a Mexican American must be compared for rating purposes with other Mexican American pupils.

Place the numerical rating 1, 2, 3, 4 or 5 for each item in the box following the item. Follow the criteria listed at the top of the Rating Scale to obtain the numerical rating. Example: On item #1 the subject may be exhibiting occasional performance below his present grade placement in Reading. Mark the box at the end of item #1, "3". Follow this procedure for all items. Do not omit any item.

SCORING

Total scores are obtained for each category as follows: Add the numerical ratings in the boxes above the letter at the bottom for each column.

Example: Column A on page 1, should include the rating scores for items 1, 3, 6, 9, 12, 15, 17, 19, 21. Follow the same procedure for all columns on pages 1, 2, and 3.

On the Profile Sheet, page 4, circle the numbers which correspond to the subject's total score in each column. Example: the subject's total score in Column A might be 20. Column A refers to Academic Skills. For this subject circle the numeral "20" on the line under "Academic Skills."

*Note: If IBM type scoring card is used, blacken the number 20 following the Academic Skills heading.

INTERPRETATION

The student should be referred for psychological evaluation for possible placement in a special program if his score on any of the eleven categories falls to the right of the heavy line drawn through the center of the Profile Sheet and if the scores are supported by other screening procedures. (See Sample Profile Sheet)

Final determination of the handicap category to which a given subject may be assigned will be determined by the results of a psychological evaluation.

Please read the Definitions of Categories Surveyed.

Definition of Categories Surveyed

A. Academic Skills

Problems in academic achievement refer to a student's inability to succeed or perform the academic tasks of his classmates. These difficulties may be discrepant, in that a child may perform well in one content area but poorly in another. A child may be functioning below grade level (significantly so for his grade placement) in reading, arithmetic, or show severe problems in handwriting.

In reading he may: 1) be unable to recognize or remember sight words; 2) have difficulty recognizing letters of the alphabet; 3) have difficulty remembering words from one day to the next; 4) fail to understand meanings of words; 5) be unable to pick out the main idea of a story.

In arithmetic he may: 1) be unable to count by rote; 2) be unable to recognize numbers written in random order; 3) fail to recognize his own errors; 4) rely on manipulating aids to add or subtract well beyond second grade; 5) be unable to memorize arithmetic facts. High scores may be associated with poor intellectual functioning.

B. Impulse Control

Some children may exhibit behavioral problems which interfere with classroom performance. These behaviors may include: 1) inability to delay responses in an appropriate manner; 2) attention getting behavior; e.g., making noises, talking out of turn; 3) consistently out of seat or interrupting others at inappropriate time. High scores may be associated with emotional handicaps and/or specific learning disabilities.

C. Psychomotor Skills

Motor problems which may affect school performance could be classified as: 1) gross motor difficulty as in walking, running, hopping, jumping, or balancing. They may appear excessively awkward and clumsy; 2) fine motor difficulties such as the inability to write, draw, or manipulate materials. High scores may be associated with academic skills and specific learning disabilities.

D. Intellectuality

A learning difficulty caused by low intellectual functioning may be indicated by a pupil's inability to take part adequately in the activities of the classroom because of lack of ability.

A child may be noticeably below his peer group in performing academic assignments. He may do well thinking in concrete terms but fail to grasp abstract ideas. He may perform tasks well under close supervision but be unable to initiate activities or do creative thinking on his own. Social maturity may be inappropriate for his age. High scores may be associated with poor academic skills.

Definition of Categories Surveyed
Page Two

E. Attention Span

A child with short attention span and/or distractibility may be unable to concentrate on one thing for very long; he especially loses interest when abstract material is being considered; he may be restless and fidgety, flitting from one object or activity to another. High scores may be associated with specific learning disability.

F. Specific Learning Disability

The condition of a child who exhibits a significant discrepancy between ability and achievement. The discrepancy as shown on standardized achievement tests is usually two years or more. The two year discrepancy need not apply in the primary grades. The specific learning disability may be manifested by perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia. But excluding learning problems which are due primarily to visual, hearing or motor handicaps, mental retardation, emotional disturbance, or to environmental disadvantages. High scores may be associated with attention span and psychomotor skills.

G. Speech

Speech problems in children which may require special help might involve: 1) those of vocal quality, unnatural pitch, loudness or nasality; 2) an inability to articulate sounds, such as omissions of sounds, distortions or substitutions of one sound for another; 3) stuttering; 4) immature speech patterns, such as baby talk.

H. Withdrawal

A withdrawn child may have social-emotional problems as demonstrated by some of the following characteristics: 1) timid and shy; 2) does not relate to people; 3) submissive; 4) preoccupied with daydreams; 5) a loner on the playground; 6) reluctant to talk to peers and/or adults. High scores may suggest emotional difficulties and are usually associated with poor academics and/or specific learning disability.

I. Social Behavior

Social-emotional problems may be demonstrated by some of the following characteristics: 1) involved in repeated conflicts with others; 2) defies all authority; 3) cruel and malicious; 4) is preoccupied with daydreams; 5) failure to value social approval or disapproval. High scores may be associated with poor academics and/or specific learning disability.

J. Hearing

Cues to hearing impairments may be: 1) the child may have difficulty following directions; 2) he may appear listless during verbal lessons; 3) he may speak too loudly or too soft; 4) pitch of voice may be unnatural; 5) he may turn his head to listen to you; 6) he may not hear you when you stand behind him.

Definition of Categories Surveyed
Page Three

K. Vision

Cues to visual handicap may be: 1) the child tilts his head to one side when reading; 2) he holds materials close to one eye, rather than using both; 3) he loses his place often when reading; 4) he holds his book close to his face; 5) he avoids any work involving visual attention. This should not be confused with visual-perceptual problems.

TEACHER RATING SCALE

For The Survey of Children With Exceptional Educational Needs
Grades K through 8

Name____________________ Age________ Grade________

Teacher________________ School__________ District__________

Please rate each item on a scale of 1 to 5 utilizing the following criteria:

1. The child does not exhibit this performance or conduct
2. The child seldom exhibits this performance or conduct
3. The child occasionally exhibits this performance or conduct
4. The child frequently exhibits this performance or conduct
5. The child consistently exhibits this performance or conduct

		A	B	C
1.	Functions below present grade placement in reading.	☐		
2.	Becomes more excited than other students.		☐	
3.	Functions below present grade placement in spelling.	☐		
4.	Is hyperactive and restless, can't sit still.		☐	
5.	Has trouble holding on to objects.			☐
6.	Functions below present grade placement in arithmetic.	☐		
7.	Exhibits explosive and unpredictable behavior.		☐	
8.	Exhibits poor coordination in sports and games.			☐
9.	Cannot follow academic directions.	☐		
10.	Little self control; will speak out or interrupt others.		☐	
11.	Handwriting difficult to read.			☐
12.	Fails to grasp simple word meanings.	☐		
13.	Often over reacts; new situations are disturbing.		☐	
14.	Coloring and paintings are messy.			☐
15.	Assignments are incomplete and poorly written.	☐		
16.	Exhibits impulsive behavior.		☐	
17.	Often disorganized in manner of working.	☐		
18.	Has difficulty in finding his way or locating objects.			☐
19.	Cannot work independently.	☐		
20.	Very poor balance.			☐
21.	Seldom participates in group discussions.	☐		
22.	Very poor in manual manipulation.			☐

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Division of Special Education

TEACHER RATING SCALE
Page 2

		D	E	F	G
23.	Speech is unclear and difficult to understand.				☐
24.	Exhibits erratic, flighty or scattered behavior.		☐		
25.	Learns from listening, but not from reading.			☐	
26.	Continues activity, cannot shift response.	☐			
27.	Lacks perseverance, is easily distracted.		☐		
28.	Writing is cramped, crowded and laborious.			☐	
29.	Cannot remember instructions.	☐			
30.	Draws attention to self by his speech.				☐
31.	Short attention span.		☐		
32.	Does not grasp concept of numbers, space or time.			☐	
33.	Uses incomplete sentences with grammatical errors.	☐			
34.	Stutters or stammers frequently.				☐
35.	Does not complete assignments, changes activity.		☐		
36.	Overactive, uncontrolled, impulsive behavior.			☐	
37.	Uses immature or improper vocabulary.	☐			
38.	Omits sounds to words.				☐
39.	Can verbally express himself far above his written level.			☐	
40.	Unable to relate isolated facts.	☐			
41.	Listens, but rarely comprehends well.		☐		
42.	Does not perform well with tasks concerning objects.			☐	
43.	Unable to tell a comprehensible story.	☐			
44.	Mind often wanders from discussion.		☐		
45.	Does not use common sense.	☐			
46.	Can follow verbal instructions but not written ones.			☐	
47.	Is clumsy or awkward, breaks or tears things.			☐	
48.	Is unable to call forth the exact word.	☐			
49.	Performance is lower than tests indicate it should be.			☐	

50. Speaks in extremely loud or soft voice.			☐	
51. Withdrawn; doesn't stand up for self.	☐			
52. Exhibits "Don't care" attitude.		☐		
53. Daydreams.	☐			
54. Complains of earaches or running ears.			☐	
55. Appears apathetic or underactive.	☐			
56. Takes things that belong to others.		☐		
57. Is shy, timid, very quiet.	☐			
58. Holds head in peculiar position when spoken to.			☐	
59. Has little respect for authority.		☐		
60. Shows preference for working or playing alone.	☐			
61. Appears to hear some things and not hear others.			☐	
62. Is a bully; picks on others.		☐		
63. Spends excessive amounts of time on assignments.	☐			
64. Often asks to have words, questions, etc., repeated.			☐	
65. Is destructive of property.		☐		
66. Rubs eyes frequently.				☐
67. Does not express feelings.	☐			
68. Frowns or blinks frequently.				☐
69. Has little or no interest in school activities.		☐		
70. Complains of aching or burning eyes.				☐
71. Is often tardy or truant.		☐		
72. Tilts head to one side when reading.				☐
73. Is disobedient or defiant in class.		☐		
74. Holds book close to face when reading.				☐
75. Has physical handicap which impedes educational progress in regular classroom. No ☐ Yes ☐	H	I	J	K

F1/kam/05/7.16

TEACHER RATING SCALE
For The Survey of Children With Exceptional Educational Needs
Grades K-8

Name ____________ Age ______ Grade ______ Date ________

Teacher ____________ School ____________

		Normal	Salient	Critical
A	Academic Skills	9 10 11 12 13 14 15 16 17 18	19 20 21 22 23 24 26 28 30 31	32 34 36 38 40 42 44 45
B	Impulse Control	6 7 8 9 10 11 12	13 14 15 16 17 18 19 20 21	22 23 24 25 26 27 28 29 30
C	Psychomotor Skills	7 8 9 10 11 12 13 14	15 16 17 18 19 20 21 22 23 24 25	26 27 28 29 30 31 32 33 34 35
D	Intellectuality	8 9 10 11 12 13 14 15 16	17 18 19 20 21 23 25 27 29	30 31 32 33 34 35 36 37 38 39 40
E	Attention Span	6 7 8 9 10 11 12	13 14 15 16 17 18 19 20 21	22 23 24 25 26 27 28 29 30
F	Specific Learning Disabilities	9 10 11 12 13 14 15 16 17 18	19 20 21 22 23 24 26 28	29 31 33 35 37 39 41 43 45
G	Speech	4 5 6 7 8	9 10 11 12 13 14 15	16 17 18 19 20
H	Withdrawal	7 8 9 10 11 12 13 14	15 16 17 18 19 20 21 22 23 24 25	26 27 28 29 30 31 32 33 34 35
I	Social Behavior	8 9 10 11 12 13 14 15 16	17 18 20 21 23 25 27 29	30 31 32 33 32 35 36 37 38 39 40
J	Hearing	5 6 7 8 9 10	11 12 13 14 15 16 17	18 19 20 21 22 23 24 25
K	Vision	5 6 7 8 9 10	11 12 13 14 15 16 17	18 19 20 21 22 23 24 25

Physical Impairment No ☐ Yes ☐

APPENDIX F

Revised Psycho-Educational Testing Report Format

CONFIDENTIAL

Psycho-Educational Testing Report Format
Revised, 1981

Student:

Date of Evaluation: ______/______/______
year month day

Birth Date: ______/______/______
year month day

Age: ______/______/______
year month day

Grade:

School:

Examiner:

Tests Administered: (list all tests)

ABSTRACT

Reason for the Referral

Procedures Used to Examine the Child and to Minimize Bias

Findings

Recommendations

REFERRAL INFORMATION

Tribe____________________ Primary Language____________

Secondary Language__________________

Parents in Home: Mother____________ Father____________

Foster Placement______________ Adoption______________

Brothers________ Sisters__________ Family Position_____

Pronounced Health Problems ______________________________

Vision __________________ Hearing ______________________

Medications ______________ Hospitalizations ______________

Retention ________________ Transition ____________________

Special Help Received: Special Education __________________

Remedial Reading ________________ Tutorial __________

Previous Evaluations ___________ (Date) __________ (Examiner)

Tests Administered ______________________________

____

Previous Recommendations __________________________

____

____

Problems the Student Perceives (e.g., academic, social, etc.)

Interests (e.g., clubs, sports, etc.)

BEHAVIORAL OBSERVATIONS

Communication skills, receptivity, accessibility, rapport, motivation, persistence, distractibility, language skills, enjoyment of the tasks, shifting from one task to another, any outstanding physical features, and specific difficulties and/or strengths.

PSYCHOEDUCATIONAL FINDINGS

Start each test with a new paragraph. Include a short statement as to what the test measures and why it was used.

Language Dominance

Receptive Language (QT/PPVT - Report mental age)

Intellectual Assessment

Report as categories, bands, percentiles, range, etc. Do not report IQ scores.

Psycho-Motor Skills

(Perceptual - Motor)
(Gross Muscle)
(Small Muscle)

Reading Task Analysis

Report grade levels. Describe both comprehension and word attack/ analysis skills. Strengths and weaknesses.

Math Task Analysis

Spelling Task Analysis

Socio-Emotional Findings

SUMMARY

RECOMMENDATIONS

1. Diagnostic Statement

This statement should be in the words used in the BIA regulations (see example). If student does not meet BIA guidelines for classification, so state.

2. Other Placement Considerations

E.g., small group, one-to-one, reduce reading level of material in regular classroom, any particular educational placement considerations, behavior modifications, vocational programming.

For students not qualified for special education, address the student's educational related problems, if any, in terms of what needs to be done in the regular classroom or any other resources needed.

3. Short-Term (Annual) Goals

An annual goal represents the achievement anticipated for the student over a period of one school year. This is an educated guess or estimate of where the student will be at the end of one year, if a prescribed intervention program is followed.

Many goals will take more than one year to accomplish. The annual goals should be viewed in a sense, as the short range goals leading to broader expectations that will enable students to achieve their maximum potential upon leaving school.

The areas which may need to be addressed in making short-term goals include: Reading, math, visual-motor skills, writing and spelling, interest, motivation, social and/or personality changes.

In this section the tester should indicate the entry point where instruction should begin in a subject area, state the first few instructional objectives, and then the recommended sequence that should be followed (refer to the STEP Program).

4. Long-Term Goals

Long-term goals are a projection of the achievement and levels of functioning anticipated for a student over a period of two to four years; longer in some instances. These will be of a more global nature than short-term goals, but should be based upon extensions of the short-term goals.

These may include: academic achievement, social changes, functional education, health, vocational, etc.

5. Instructional Materials and Strategies

Any suggested materials or techniques such as small group materials, AV materials, oral/written suggestions, etc.

6. Supportive Services

Counseling; formal or informal, teacher counseling. Address any concerns or referrals for vision, hearing, health, etc.

7. Evaluation Criteria for Success

Mastery of academic skills, impulse control, improvement of self-concept, more group participation, acceptance of responsibility, independence, confidence, etc., decreased absenteeism, control over emotions.

APPENDIX G

Definitions of Diagnostic Categories and Programming Considerations

Diagnostic Categories and Programming Considerations

Much of the following information has been abstracted from the Division of Exceptional Programs, Navajo Area, Bureau of Indian Affairs Special Education Handbook. Because of the legal nature of the psychoeducational testing report, diagnosticians should follow the suggested Definitions, Eligibility Criteria, and Diagnostic Statements. The Programming considerations are options which diagnosticians may use in developing appropriately relevant recommendations for each student.

Due to the low incidence of the medically related handicaps, programming considerations and eligibility requirements are not given for some of the handicapping conditions. Diagnosticians should be aware that they may need to address further medical evaluation in recommendations for a student if such handicapping condition is suspected. Programming considerations for such cases can be located through Dr. Fifield or your team leader.

Mentally Retarded

Definition

A significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

Eligibility Criteria

Eligibility is determined through a case study provided by a multidisciplinary evaluation team which must assess psychoeducational and adaptive functioning. The student's IQ is generally between 55 and 75 (2 standard deviations below the mean) as determined by an individual psychological examination administered by a qualified psychological examiner using one or more standardized tests. Adaptive behavior assessment must show evidence that low IQ is not a function of environmental disabilities, experiencial deprivation, or cultural differences.

Diagnostic Statement

Based on the results of this evaluation, (name of student) qualifies for special education services under the category of educable mentally retarded according to the Bureau of Indian Affairs, Office of Indian Education Program guidelines, adopted January, 1980. On repeated testing, (name of student) demonstrated significant deficits in adaptive behavior. It is not felt that these deficits can be attributed to environmental, experiencial, or cultural differences. These results should be presented to the Child Study Evaluation Team which will review other factors to determine the most appropriate educational placement for this student.

Programming Considerations

Mentally handicapped students need a program of systematic instruction based upon sound learning principles and techniques which facilitate learning, such as the following:

- Emphasize concrete, meaningful content in initial instructional presentations.
- Insure mastery of new material through overlearning and repetition.
- Provide the learner with methods of verbal mediation, which is extremely beneficial for learning and recalling associations between pairs and items.
- Increase attention initially by highlighting relevant dimensions and minimizing unnecessary stimuli.
- Promote an atmosphere of success on which to base future learning tasks.
- Incorporate incentives into all learning arrangements.
- Teach sequenced information from the easy to the difficult.
- Use a variety of methods to present materials as well as to reinforce acquisition.

Reading

In reading basic emphasis is placed on developing a survival vocabulary so the individual can recognize signs and labels. For the individual capable of achieving at a higher level, reading instruction is provided. Programmed readers which provide immediate feedback are appropriate for retarded leaners. High interest, easy-to-read books keep the student interested in reading. The primary purposes of learning to read are to assist the individual in being able to function in an adult world and for recreation.

Arithmetic

Basic skills in understanding number facts and their uses, skill in measurement, telling time, managing money, etc. are the concepts of concern in arithmetic. All concepts taught should be of practical use in daily living.

Language arts

The basic skills of writing, speaking, and listening are emphasized.

Social Studies

Emphasis is placed on citizenship, recognition of community resources, utilization of community resources, being able to use a newspaper, and being aware of the everyday world.

Science

Skills taught in this area include the environment, nutrition, hygiene, weather conditions, etc.

Social Skills

Assist the student in acquiring the ability to cope with persistent life situations and to interact effectively with others in a variety of situations. Social skills should be taught as a component of other activities through participation, interaction, use of appropriate social behavior for the situation, etc.

A low self-concept is characteristic of most mentally handicapped individuals. Self-concept is enhanced when a student has developed a sense of confidence and security. Experiences and exposure throughout the entire school setting should facilitate a feeling of self-confidence. These students need to learn ways in which they can develop a basis for self-appraisal which leads to feelings of success.

Language Skills

The principal goal of the language program is the development of communication skills which contribute to independence. The focus is placed on the development of a usable and effective means of communicating. This involves developing receptive and expressive skills needed in everyday performance. Skills which are emphasized include listening, understanding concepts, appropriate responses, maintaining eye contact, etc.

Physical Education

The physical education program for the mentally handicapped should concentrate on body movements and body mechanics which increase the number of activities in which the individual can participate.

Both gross and fine motor coordination are a part of the training program. Emphasis is placed on experiences which facilitate the development of perceptual motor ability. Another aspect of the physical education program is that of developing a physically fit body.

Another way of developing the curricula for a mentally handicapped student is through the use of 12 life skills:

1. Health
2. Safety
3. Communication
4. Citizenship
5. Homemaking--family living
6. Emotional growth
7. Mobility, travel
8. Art and music
9. Leisure time activities
10. Vocational
11. Time and money
12. Independence

Specific Learning Disability

Definition

A disorder in one or more of the basic processes involved in using language, spoken or written, which may manifest itself in an apparent inability to listen, think, speak, read, write, spell, or to do mathematical calculations. This term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include students who have learining problems which are primarily the result of vision, hearing, or motor handicaps or mental retardation, or of environmental or economic disadvantage or cultural differences.

Eligibility Criteria

1. A student eligible to receive special educational programming must be diagnosed by a team of three or more learning specialists including one psychologist. They must document all three of the following conditions:

   (a) The student, by testing and observation must be of normal or above intellectual abilities as measured by an appropriate intelligence test (I.Q. range of 84-116).

   (b) The student must have a documented record of low achievements in one or more, but not all these subject areas. Documentation must be supported by school records of two or more years and by low scores on a standardized individual achievement test in some but not all of the subject areas of reading, language skills, spelling or math. "Low scores" are those which place the student's achievement clearly below the normal range, ie. more than one standard deviation from the mean for the student's age group.

   (c) The student must display clear evidence of a learning disability in one of the three common learning means. That is the student must display, through commonly accepted tests, evidence of a neurological impairment in a visual, auditory or tactile stimulus perception to such an extent as to show a specific wording problem or disability. This identification of a specific disability is necessary to allow for a plan of prescriptive teaching in terms of compensating learning approaches, not merely in terms of subject matter deficiencies alone.

2. The team may not identify a student as having a specific learning disability if the severe disparity between ability and achievement is primarily the result of:

   (a) A visual or hearing acuity handicap, or a motor handicap;

   (b) Mental retardation;

   (c) Emotional disturbance;

   (d) Environmental or economic disadvantage;

   (e) Cultural differences.

Diagnostic Statement

Based on the results of this evaluation, (name of student) qualifies for special education services under the category of learning disabilities according to the Bureau of Indian Affairs, Office of Indian Education, Program Guidelines, adopted January, 1980. (Name of Student)'s performance during testing suggests that (he/she) has average intellectual abilities and a documented record of low achievement in the academic area(s) of (choose as appropriate: reading; language skills; spelling; or math). (Name of Student) displays evidence of a learning disability in the area(s) of (choose as appropriate: visual; auditory; or tactile) perception. The results of this evaluation should be presented to the Child Study Evaluation Team which will review other factors in determining the most appropriate educational program for this student.

Programming Considerations

Because of the wide discrepancies which exist within the specific learning disabilities category and because of the theories which have evolved, programs have been many and varied. At one time most programs for children with specific learning disabilities were founded upon an approach, e.g., perceptual-motor, language development, etc. The mandate of PL 94-142, however, is the development of a program based upon the individual needs of the learner. This approach of an individualized instructional program means that each student can be served regardless of the degree of involvement of learning disability, educational delivery model, or age level of the learner.

Five steps are involved in this process and each of these steps are broken down into substeps. The steps are:

1. Task Analysis. The objective of the task analysis is to identify in detail what the learner must possess in order to perform the task. (The STEP strands and Brigance outlines are good examples of this.)

2. Criterion Measures. Behavioral specifications which are used to determine whether or not a student is able to accomplish the task at a particular performance level. (This permits the student to be measured against himself/herself--not against a national norm.)

3. Objectives. A behavioral description of a student's behavior after instruction. These statements must be measurable, state in terms of student behavior, and state the conditions under which the behavior will be performed. (The short-term instructional objectives of the IEP fit here. If STEP strands are used, evaluation criteria must be added.)

4. Instructional Sequences. Selecting the procedures and materials used to teach the skills identified in the task analysis.

5. Evaluation and Revision. Evaluation measures the success of the learner; base revisions on results of the evaluation, make appropriate revisions.

The use of prepared instructional programs such as the STEP and Brigance materials facilitates the identification of specific long and short term instructional objectives.

Emotionally Disturbed

Definition

A condition such as schizophrenia, autism or a presence of one or more of the following characteristics over a prolonged period of time and to a marked degree which seriously affects educational performance as defined below, and requires intensive individual therapy "which may be conducted either in or out of the school setting", individual instruction and supervision:

1. An inability to learn which cannot be explained by intellectual, sensory or health factors;

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

3. Inappropriate types of behavior or feelings under normal circumstances;

4. A general long term mood of unhappiness or depression;

5. A tendency to develop physical symptoms or fears associated with personal or school problems.

Eligibility Criteria

The following criteria in conjunction with the above definition shall be used by evaluation teams in determining a student's eligibility for special education services under the category of severely emotionally disturbed:

1. Evidence that the student, after receiving supportive educational assistance and counseling, still exhibits severe emotional handicaps.

2. Evidence that a severe emotional handicap, as determined by documented observations and clinical psychological evaluation, exists over an extended period of time.

3. Evidence that the behavior disrupts the student's own learning, reading, arithmetic or writing skills, social-personal development, language development or behavioral progress and control.

4. Evidence that the primary problems of the student cannot be contributed primarily to physical, sensory or intellectual deficits.

Diagnostic Statement

Based on the results of this evaluation, (name of student) qualifies for special education services under the category of emotionally disturbed according to the Bureau of Indian Affairs, Office of Indian Education, Program Guidelines, adapted January, 1980. (Name of student)'s performance during testing suggests that (he/she) has average intellectual abilities. (Name of student) also exhibits the following characteristics over a long period of time which adversely affects (his/her) educational performance:

(choose those applicable)

1. An inability to learn which cannot be explained by intellectual sensory or health factors;

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

3. Inappropriate types of behavior or feelings under normal circumstances;

4. A long term mood of unhappiness or depression;

5. A tendency to develop physical symptoms or fears associated with personal or school problems.

The results of this evaluation should be presented to the Child Study Evaluation Team which will consider other important factors in determining the most appropriate educational program for this student.

Programming Considerations

For the seriously emotionally disturbed student to succeed, a sound educational and social program must be provided, regardless of any particular theory. The attempt to increase both behavioral and academic performance is grounded in an educational plan which provides growth through remediation of social, emotional, and academic performance. To accomplish this, individualized and sequential programming techniques must be utilized.

Generally, the mild-to-moderate behaviorally/emotionally handicapped child does not benefit from service in the resource room. These children should be carried on the resource teacher's roll, but should be served by the regular teacher and resource teacher in the regular setting. The moderate-to-severe child probably cannot show change without extended resource or self-contained service.

It is recommended that, whenever possible, regularly scheduled programming conferences be held involving the school personnel serving the seriously emotionally disturbed student and a psychologist, psychiatrist, or supervised psychological examiner who has worked with the student(s).

Knowledge and an understanding of behavioral principles as they apply to the management of students are essential to the teacher of seriously emotionally disturbed students. The following list of basic techniques are applicable to any class setting in which seriously emotionally disturbed students are being served.

Techniques for Managing Misbehavior

1. Stop misbehavior in time.

2. Program for a variety of changes.

3. Make tasks clear and orderly and give the child time to complete one task before beginning another.

4. Comment positively when the student is attending appropriately to a task.

5. Establish limits and maintain consistent, clear ground rules.

6. Manage transitional times with quieting-down periods between two activies.

7. Set up activity centers a child can go to when he/she has completed required activities.

8. Set up a quiet corner where a child can go to be alone, to cry, or to calm down.

9. Plan for anger breaks; give a distraught, anxious, or angry student a chance to swim laps in a pool, run laps around a track, beat pillows, hit a punching bag, throw bean bags at a wall, pedal an exercise bike, jump rope, or pound clay.

10. Provide success; be sure the material is relevant, interesting, and appropriate for the child.

In addition to the techniques listed above, other procedures which might be included in programming are:

- carrels, for attending behavior
- contracts, for academics and behavior
- time-out areas
- contingency reinforcement programs

Other Handicapping Conditions

The following is a list of other handicapping conditions, most of them medically based. Specific criteria and possible programming considerations can be obtained from your team leader or Dr. Fifield.

Deaf and Hearing Handicapped
Deaf-Blind
Homebound or Hospitalized (chronic ill).
Multihandicapped
Orthopedically Impaired
Other Health Impaired
Speech Impaired
Visually Handicapped

APPENDIX H

Editing Copy of Psycho-Educational Testing Report

CONFIDENTIAL

Psycho-Educational Testing Report

First Draft

Name: Alfred

Date of Evaluation: September 8, 1981

Date of Birth: December 14, 1970

Age: 10 years 10 months

Grade: Fifth

School: ____________ Boarding School

Examiner: Ted Rogers, Staff Psychologist
Exceptional Child Center, USU

Tests Administered: Peabody Picture Vocabulary Test
Draw-A-Person
Developmental Test of Visual-Motor Integration
Primary Language Questionnaire
Wepman Auditory Discrimination Test
Raven Progressive Matrices
Woodcock-Johnson Psycho-Educational Battery

Referral Information

Alfred was referred for evaluation by his teacher who indicated he was low in all subject areas. She wondered if this was due to language deficits or absenteeism.

Background Information

Alfred is a Navajo. Alfred lives at hime with his mother and father, three brothers and three sisters. He indicated that his primary language was English and that he also speaks Navajo. He didn't report having any pronounced health problems, but did report that he could not see the board in the classroom. He said he had no problems hearing, was taking no medications, and had not been hospitalized. He has always attended __________ School and indicates that he was retained in second grade. Test results provided by the teacher indicate that on the Slosson he achieved a reading score of first grade level, math placement score of second grade level, and a spelling score of second grade level. When asked about his interests, he indicated that he didn't know.

Behavioral Observations

It was the opinion of Alfred's teacher that he worked slowly on classroom tasks. This was also observed by this examiner. When answering a question, he would look thoughtful for a long time and finally arrive at the answer. He was not conversational while he was working on the evaluation tasks. On some drawing tasks, for example the Draw-A-Person and VMI, he worked with his eyes and nose close to the paper. While drawing the man, he covered his work so that the examiner would not be able to see. He worked with his right hand on all drawing tasks.

Psycho-Educational Findings

Language Dominance

Alfred was given both the Peabody Picture Vocabulary Test and the Primary Language Questionnaire to assess his facility with the English language. On the Peabody Picture Vocabulary Test which is administered to assess receptive verbal ability by showing the student a series of pictures and asking him to choose the most appropriate one which goes with the word the examiner says, he achieved a percentile score of 4% indicating that he is functioning as well as 4% of the children who take the PPVT. On the Primary Language Questionnaire, which is a series of questions asking his preferences for speaking Navajo or English, he indicated that he prefers speaking English but does speak both languages.

Audiological Assessment

In order to understand Alfred's ability to discriminate sounds in the English language, he was administered the Wepman Auditory Discrimination Test. His score on this test indicates a significant number of errors which means that he has difficulty discriminating sounds in the English language.

Intellectual Assessment

At this time, Alfred has been given only the Raven Progressive Matrices to assess reasoning ability. This is a culture-free test since it measures problem-solving ability through nonverbal means. Alfred's scores placed him between the 25th and 50th percentile when compared to other children his age taking this test.

Psycho-Motor Skills

The Developmental Test of Visual-Motor Integration, a paper and pencil copying task, was utilized to assess visual perception, and motor behavior in the student. Alfred obtained an age equivalency score of 11 years 9 months. It appeared to the examiner that he was able to concentrate on more and not only the simple designs like circle and square but also to draw the more intricate designs with overlapping parts. On the Draw-A-Person, a human figure drawing task, which is a measure of intellectual maturity and intellectual assessment, he achieved an age equivalency score of 10 years 9 months. He drew a small figure in the middle of the page and covered this while he was drawing. Both of these are soft signs of low self-esteem.

Academic Assessment

In order to understand Alfred's academic level of functioning, he was given three major subtests from the Woodcock-Johnson Psycho-Educational Battery which is a wide range comprehensive set of tests for measuring cognitive ability, achievement, and interest. The first subtest was a reading cluster consisting of letter-word identification, word attack, and passage comprehension. His overall reading score was a grade equivalent of 1.6. On the letter-word identification test, he could identify letters and read three-letter words. Under word attack, he could sound consonants singly, but was not certain of vowel sounds or combinations of consonants and vowels. His passage comprehension score, a task which asks him to fill in a missing word in a sentence he reads silently to himself, was approximately 1.5 grade level.

The subtest yielding a math score assessed two areas, calculation and applied mathematics. His overall mathematics cluster score was a grade equivalent of 3.6. It was observed during the calculating section that he could do no division problems, that he needed to attend to the sign, i.e., he subtracted when adding was the sign of the problem. His applied math skills placed him at approximately the third grade level. It is the opinion of the examiner that this score is slightly lower because of the language component of the problems. The examiner read the problems to him or he was asked to read them himself before solving the problem.

His written language skills, which were assessed through a dictation section and a proofing section, placed him at a grade equivalent of 1.6. He was able to correctly spell two- to three-letter words which were dictated to him. In the proofing section, he was able to recognize capital letters missing at the beginning of the sentence, but appeared to have no usage skills, i.e., the use of "lost" rather than "losed."

Socio-Emotional Findings

On the Draw-A-Person, a human figure drawing task which is a measure of intellectual maturity and personality development, he achieved an age equivalency score of 10 years 9 months. He drew a small figure in the middle of the page and covered this while he was drawing.

Summary

Alfred appears to have average problem-solving ability, but works slowly. He is delayed in all academic areas, but this may be a result of missing school or inadequate English skills. He had no visual-motor deficits. At this time, he may need a vision evaluation since he reports difficulty in seeing the board and the examiner noticed that he worked with his eyes very close to the paper. It is the opinion of the examiner that Alfred be classified as Learning Disabled at this time. Although he appears to have average ability, he is delayed in reading and written language. This examiner, however, is not certain of the causes of these delays. These delays may be caused by environmental or economic disadvantages. Alfred's teacher also indicated that he misses a lot of school and does so sporadically.

Recommendations

1. Diagnostic Statement

   Evaluation findings and test results indicate that alfred is eligible for special education services under the category of learning disabilities according to the Bureau of Indian Affairs, Office of Indian Education Programs, Guidelines adopted January, 1980. Alfred is of low normal intelligence and has a documented record of low achievement in reading, language skills, and spelling and displays clear evidence of a learning disability in the learning means of auditory, and possibly visual perception. The results of this evaluation should be presented to the placement committee which will review any other factors and obtain a broader basis of professional opinion regarding such placement.

2. Other Placement Considerations

   If Alfred is to stay in the classroom, it is necessary that he receive one-to-one attention to remediate his reading and written language deficits. It would also be appropriate that he work in a small group in the classroom at a similar academic level or that he work independently with a program learning system.

3. Short-Term Goals

It is recommended that short-term goals for Alfred include the following:

a. Increased attendance at school through behavioral programming.
b. Increased division skills (see STEP Program - Short Division, #4).
c. Increased reading skills (see STEP Program - General Reading Skills, #14, Comprehension of Written Material, #7).
d. Increased self-confidence (see STEP Program - Self-Confidence, #8).

4. Long-Term Goals

It is recommended that long-term goals for Alfred include:

a. Mastery of basic math (addition, subtraction, multiplication, division) skills.
b. Mastery of spelling and sight-word vocabulary, i.e., four- to five-letter words consistent recognition.

5. Instructional Materials and Strategies

Because of Alfred's preadolescent age, it is recommended that vocabulary, reading, and mathematics skills utilize prevocational words and tasks.

6. Supportive Services

Because there is no record of a vision or hearing test in Alfred's File, it is appropriate that he receive both of these evaluations to better understand his learning deficits. It is the opinion of the examiner that a vision test is particularly crucial because of

Alfred's own indication that he has difficulty seeing, and the observed behavior while he was being tested.

7. Evaluation Criteria for Success

Success in the instructional program should be determined by the acquisition and mastery of reading and written language skills. At the same time, improved self-confidence should be evaluated. This may be assessed by Alfred's willingness to contribute to class discussions.